

Bedfordshire County Council

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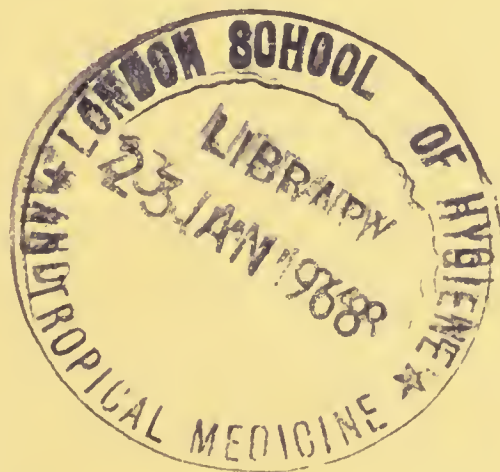
# REPORT

of the

Medical Officer of Health

for the year

1952





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## CONTENTS

	PAGE
INTRODUCTION ... ..	2
STAFF OF HEALTH DEPARTMENT ... ..	4
SECTION I: STATISTICS	
Population ... ..	6
Extracts from Vital Statistics for 1952 ... ..	7
Births ... ..	10
Stillbirths ... ..	10
Deaths ... ..	11
Maternal Mortality ... ..	17
Infant Mortality ... ..	18
SECTION II: GENERAL PROVISION OF HEALTH SERVICES IN THE AREA	
Administration ... ..	20
Care of Mothers and Young Children ... ..	24
Dental Treatment ... ..	29
Midwives Service ... ..	32
Health Visiting ... ..	34
Home Nursing ... ..	34
Vaccination and Immunisation ... ..	35
Ambulance Service ... ..	37
Prevention of Illness: Care and After Care ... ..	40
Domestic Help Service ... ..	42
Mental Health Service ... ..	43
Nursing Homes ... ..	46
SECTION III: PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES	
Notifiable Diseases ... ..	48
Tuberculosis ... ..	50
Venereal Diseases ... ..	52
SECTION IV: INSPECTION AND SUPERVISION OF FOOD	
Milk ... ..	56
Ice Cream ... ..	58
Merchandise Marks Act ... ..	58



## To the Chairman and Members of the Bedfordshire County Council

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit the Report on the Health Services for the year 1952. There were certain staffing difficulties throughout the year, but on the whole the services were well-maintained. Indeed, preliminary steps were taken to develop some of them.

Dr. M. J. Pleydell left in the Autumn to become the Deputy County Medical Officer of Northamptonshire. He was succeeded by Dr. H. S. Bury. There was a small increase in the number of dental surgeons, but the staff is still inadequate. During the whole year the nursing services were slightly below establishment. The only shortage of serious consequence, however, was in the Health Visiting service. This is a very important service, and continuous efforts are being made to secure recruits.

There are some features of the *Vital Statistics* which provide good reason for a feeling of pleasure. Thus, the Infant Mortality Rate and the Death Rate from Tuberculosis are the lowest ever recorded in the County, and the general Death Rate is significantly lower than that for England and Wales. On the other hand, the Stillbirth Rate since 1947 has been consistently higher than that for England and Wales, and the Maternal Mortality Rate has been unsteady. These two rates, which in certain circumstances may serve as indices of the quality of an obstetric service, merit careful notice. As in previous years, the Birth Rate was lower than that for England and Wales, but its Illegitimacy component was again appreciably higher.

Heart Disease, Cancer, and Cerebral Haemorrhage, again occupy the first three places in the list of *Causes of Death*. Encouraging progress is being made in the evolution of techniques for their treatment, but the more important problem of prevention remains. The Cancer figures set out on page 17 are sufficiently arresting, especially if the different habits of men and women as a whole are borne in mind.

With regard to the *Services* provided under the National Health Service Act, 1946, the Minister requested that something more than an account of the services provided should be given. Accordingly, the Report includes a statement on the administration of the services, and on the steps taken locally to link them up with other parts of the National Health Service. It is undeniable that there are disadvantages in the present tripartite system of health administration, but it may fairly be claimed that in a County such as Bedfordshire they can be overcome to a very large extent.

Details of the several services provided are given in the text of the Report. There are, however, one or two matters meriting comment here. As a result of the co-operation of all concerned, the annual mileage of the *Ambulance Service* was again reduced. There are signs, however, that this trend may soon be reversed owing to the greatly increased use of ancillary medical services. The situation appears to call for effective medical direction. During the year, progress was made in the preliminary work for the provision of a *Health Centre* at Farley Hill, Luton, and at the time of writing draft plans are about to be submitted to the Health Committee. The *Nursing Services* continued to be adequate, with the exception of a short period during an outbreak of influenza. Similarly, the *Domestic Help Service* was able to meet the demands made upon it.

With regard to *Infectious Diseases*, it is well to remember that their behaviour is unpredictable. With this caution, it is gratifying to be able to record that experience since the War has been such as to warrant the closure of four of the five Infectious Diseases Hospitals in the County. The beds are now being used for the accommodation of long-stay medical cases, whose need is often great.

Acknowledgment of the valuable assistance rendered by other bodies and persons is made in the Report itself. I wish also to express my gratitude for the sympathetic administration of the members of this Authority, and my appreciation of the work done so well and readily by members of the staff of the Health Department, both professional and lay.

Lastly, on behalf of the staff of the Health Department, I wish to pay tribute to the late Alderman John Arnold Whitchurch, lately Chairman of the Health Committee. He was an inspiration to all of us, and we shall not soon forget him.

I have the honour to be,

Your obedient servant,

W. C. V. BROTHWOOD,

*County Medical Officer of Health.*

Shire Hall,  
Bedford.

June, 1953.



## STAFF

as at 31st December, 1952

### *County Medical Officer of Health*

W. C. V. BROTHWOOD, M.A., M.D., D.P.H.

### *Deputy County Medical Officer of Health*

C. A. HARVEY, M.B., Ch.B., D.P.H.

### *Divisional Medical Officers*

G. K. BOWES, M.A., M.D., M.R.C.S., M.R.C.P., D.P.H.

R. M. DYKES, M.A., M.D., D.P.H.

C. A. HARVEY, M.B., Ch.B., D.P.H.

H. S. BURY, M.R.C.S., L.R.C.P., D.P.H. (Apptd. 14.11.52)

### *Senior Assistant County Medical Officer for Maternity and Child Welfare*

ELIZABETH E. BROWN, M.B., Ch.B., B.Hy., D.P.H.

### *Assistant County Medical Officers*

BRENDA N. AKEROYD, M.R.C.S., L.R.C.P.

DORA S. JAMES, M.B., B.S., D.Obst.R.C.O.G.

IRENE E. SANDFORD, M.R.C.S., L.R.C.P., D.P.H.

CICELY STEER, M.B., B.S., D.Ch.

FRANCES A. WILLIAMS, M.R.C.S., L.R.C.P., M.B., B.S., D.P.H.

### *Chest Physicians (part-time)*

J. B. SHAW, M.D., B.A.O., D.P.H.

N. R. WYNN-WILLIAMS, M.B., B.S., M.R.C.S., L.R.C.P.

### *Senior Dental Surgeon*

R. B. T. DINSDALE, L.D.S.

### *Assistant Dental Surgeons*

A. P. ATKINS, L.D.S.

GLADYS M. BASFORD, L.D.S. (PART-TIME)

A. L. COSTIGAN, L.D.S. (PART-TIME) (Apptd. 1.4.52)

A. A. GARDNER, B.Dent.Sc.

HELLA M. JAKS, L.D.S., R.C.S. (Apptd. 8.9.52)

### *Chief Nursing Officer*

FLORENCE M. TOMBS, S.R.N., S.C.M., H.V.'s CERT.

### *Deputy Chief Nursing Officer*

DORIS E. TATE, S.R.N., S.C.M., H.V.'s CERT.

### *County Sanitary Officer*

R. E. N. THOMAS, M.R.S.I., M.S.I.A., M.R.I.P.H.H.

### *County Analyst*

A. LICKORISH, F.I.C.

# **SECTION I**



# **STATISTICS**

## GENERAL INFORMATION

The area of the geographical and administrative County is approximately 302,942 acres (474 square miles). Its greatest length is from North to South and is  $36\frac{1}{2}$  miles; its greatest breadth is  $22\frac{1}{2}$  miles from East to West. The County contains no County Boroughs but includes the three Non-County Boroughs of Bedford, Dunstable and Luton. There are, in addition, five Urban Districts and four Rural Districts.

At the 1st April, 1952, the rateable value was £1,906,343. The product of a penny rate for 1951-52 was, for general County purposes, £7,630. The estimated figure for 1952-53 is £7,659.

## POPULATION

NOTE.—The statistical information contained in the remainder of this Section is based on figures supplied by the Registrar General.

The statistics issued by the Registrar General for 1952 comprise figures relating to resident civilians and members of the armed forces stationed in the area. The population figures thus obtained are referred to as "home populations". The estimated home populations of the County Districts at the 30th June, 1952, were as follows:—

<b>Administrative County</b>	...	...	<b>319,800</b>
<b>Urban Districts</b>	...	...	<b>214,500</b>
Amphill	...	...	3,000
Bedford M.B.	...	...	54,400
Biggleswade	...	...	7,420
Dunstable M.B.	...	...	17,090
Kempston	...	...	9,230
Leighton Buzzard	...	...	9,195
Luton M.B.	...	...	110,500
Sandy	...	...	3,665
<b>Rural Districts</b>	...	...	<b>105,300</b>
Amphill	...	...	23,480
Bedford	...	...	35,190
Biggleswade	...	...	26,920
Luton	...	...	19,710

The population of the County shows a net increase of 800 since the 30th June, 1951. There has, however, been a shift of population within the County, for the urban population increased by 1,600, whilst the rural population decreased by 800. This latter change was due to the fact that although the population of Bedford Rural District increased by 1,760 and that of Amphill and Luton Rural Districts increased by smaller amounts, the population of Biggleswade Rural District dropped by 3,040. It is not known how far these changes are due to movements of service personnel.



# EXTRACTS FROM VITAL STATISTICS FOR 1952

		<i>Total</i>	<i>M.</i>	<i>F.</i>		
LIVE BIRTHS:						
Legitimate ...	4,422	2,293	2,129	Crude Birth Rate		
Illegitimate ...	263	147	116	per 1,000 estimated		
				home population	14.6	
STILLBIRTHS ...	112	63	49	Rate per 1,000		
				total (live and still)		
				births ...	23.3	
DEATHS ...	3,228	1,712	1,516	Crude Death Rate		
				per 1,000 estimated		
				home population	10.1	
MATERNAL DEATHS ...	...	...	6	Death Rate per		
				1,000 total (live		
				and still) births	1.25	
DEATH RATES OF INFANTS UNDER ONE YEAR OF AGE:						
All infants per 1,000 live births ...	...	...	...	...	24.1	
Legitimate infants per 1,000 legitimate live births ...	...	...	...	...	23.7	
Illegitimate infants per 1,000 illegitimate live births ...	...	...	...	...	30.4	

TABLE I—NUMBER OF BIRTHS, INFANT DEATHS AND STILLBIRTHS REGISTERED DURING 1952 (SUBDIVIDED ACCORDING TO LEGITIMACY),  
TOGETHER WITH THE APPROPRIATE RATES FOR EACH OF THE COUNTY DISTRICTS

DISTRICTS	LIVE BIRTHS				DEATHS OF INFANTS UNDER 1 YEAR OF AGE				STILLBIRTHS				
	Legitimate	Ille- gitimate	Total	Crude Rate per 1,000 Home Pop.	Adjusted Rate	Legitimate	Ille- gitimate	Total	Rate per 1,000 live births	Legitimate	Ille- gitimate	Total	Rate per 1,000 total births (live and still)
URBAN:													
Amphill ...	40	4	44	14.7	16.4	—	—	—	—	1	—	1	22.2
Bedford ...	752	67	819	15.1	15.1	15	1	16	19.5	20	1	21	25.0
Biggleswade	107	7	114	15.4	15.8	3	1	4	35.1	—	—	—	—
Dunstable	206	11	217	12.7	11.9	3	—	3	13.8	5	2	7	31.3
Kempston	117	6	123	13.3	13.3	2	—	2	16.3	3	—	3	23.8
L. Buzzard	167	12	179	19.5	18.7	6	—	6	33.5	4	—	4	21.9
Luton ...	1,570	83	1,653	15.0	14.2	38	5	43	26.0	34	3	37	21.9
Sandy ...	41	1	42	11.5	11.9	—	—	—	—	2	—	2	45.4
TOTALS	3,000	191	3,191	14.9	14.4	67	7	74	23.2	69	6	75	23.0
RURAL:													
Amphill ...	335	15	350	14.9	15.6	12	—	12	34.3	12	—	12	33.1
Bedford ...	455	21	476	13.5	16.1	10	—	10	21.0	13	—	13	26.6
Biggleswade	340	20	360	13.4	14.9	9	—	9	25.0	7	2	9	24.4
Luton ...	292	16	308	15.6	15.3	7	1	8	26.0	3	—	3	9.6
TOTALS	1,422	72	1,494	14.2	15.5	38	1	39	26.1	35	2	37	24.2
GRAND TOTALS	4,422	263	4,685	14.6	14.6	105	8	113	24.1	104	8	112	23.3

TABLE II—BIRTH, INFANT MORTALITY AND STILLBIRTH RATES FOR URBAN AND RURAL AREAS OF COUNTY,  
WHOLE COUNTY AND ENGLAND AND WALES, 1944-52

YEAR	CRUDE BIRTH RATES PER 1,000 POPULATION*				INFANT MORTALITY RATES				STILLBIRTH RATES			
	Urban Districts	Rural Districts	Whole County	England and Wales†	Urban Districts	Rural Districts	Whole County	England and Wales§	Urban Districts	Rural Districts	Whole County	England and Wales†
1944	21.8	18.9	20.9	19.9	34.3	37.8	35.2	46	27.9	30.6	28.7	27.7
1945	18.9	17.2	18.4	17.8	33.4	35.8	34.1	46	27.0	25.3	26.5	27.6
1946	19.3	18.3	19.0	20.2	35.2	32.7	34.5	43	31.6	24.3	29.6	27.2
1947	20.9	19.5	20.5	21.1	32.1	27.0	30.7	41	21.2	23.5	21.8	24.1
1948	17.6	17.4	17.5	18.1	29.2	31.4	29.8	34	20.3	18.2	19.7	23.2
1949	16.3	17.3	16.7	16.9	27.2	25.4	26.6	32	23.5	24.2	23.7	22.7
1950	15.6	15.4	15.5	15.9	24.0	28.2	25.3	29.9	26.9	24.9	26.3	22.7
1951	15.7	14.0	15.2	15.5	28.3	22.8	26.6	29.6	23.6	23.6	23.6	22.9
1952	14.9	14.2	14.6	15.3	23.2	26.1	24.1	27.6	23.0	24.2	23.3	22.6

\* Civilian population to 1949; home population 1950-52.

† Rate refers to births occurring during calendar year.

‡ Rate refers to stillbirths occurring during calendar year.

§ Rate per 1,000 related births.



## BIRTHS

4,685 live births attributable to Bedfordshire residents were registered during 1952. The distribution of these births amongst the County Districts is shown in Table I.

The number of births in any area is largely governed by the number of married women of child-bearing age. It follows, therefore, that crude birth rates, which are calculated as the number of births per 1,000 of the population, are not comparable unless the sex and age structure of the populations concerned is the same. To overcome this difficulty, the Registrar General has calculated a birth comparability factor for each district. When the crude rate is multiplied by this factor, an *adjusted birth rate* is obtained which is comparable with the adjusted birth rate of any other area in the same year. The crude and adjusted birth rates based on the *home* populations for each of the county districts are shown in Table I.

Table II shows the crude birth rates for the Urban and Rural Areas of the County, for the County as a whole, and for England and Wales during the last nine years. These rates are based on *civilian* populations for the years 1944-49 and on *home* populations for the years 1950-52. The use of home populations gives a slightly lower figure for the County (e.g., in 1951 the birth rate per 1,000 home population was 15·2 and per 1,000 civilian population, 15·7) but a much lower figure for the Rural Areas (e.g., in 1951, 14·0 against 15·4). Having taken this into account, however, it still remains true that the birth rate for the County continues to decline.

It should be noted that the rates for England and Wales are calculated as the births occurring during the year per 1,000 of the civilian population. As, however, most births are now registered soon after they occur, there is unlikely to be any appreciable difference between the number of births occurring and the number registered in a year.

## ILLEGITIMACY

The illegitimate live births numbered 263 (147 males and 116 females) during 1952, compared with 248 for the previous year, and constituted 5·6 per cent of the total live births. In England and Wales, 4·6 per cent of the live births in 1952 were illegitimate.

## STILLBIRTHS

The term stillbirth refers to any child born after the 28th week of pregnancy which did not, at any time after being completely expelled from its mother, breathe or show any other signs of life. It will be seen in Table I that there were 112 stillbirths attributable to Bedfordshire residents during 1952, giving a stillbirth rate of 23·3 per thousand total births (live and still). Table II shows the stillbirth rates for the Urban and Rural Areas of the County, for the County as a whole, and for England and Wales during the past nine years. It will be observed that the rate for the County is still well above the low figure of 19·7 attained in 1948.

## DEATHS

In 1950, the Registrar General returned to the pre-war practice of including deaths of service personnel stationed in the area with those of civilians whose usual residence was in the County. 3,228 deaths were registered in 1952, giving a crude death rate per 1,000 home population of 10·1, compared with 10·5 in 1951.

Table III shows the age distribution of the deaths registered in the years 1945 to 1952, and Table IV shows the percentage of total deaths occurring at 65 years and over in the Urban and Rural Areas during the past eight years. The inclusion of service deaths in the last three years may have resulted in a slightly larger number of deaths in the age-group 15-44 years than would otherwise have been the case, but the overall effect will have been insignificant.

TABLE III—DEATHS AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY, 1945-52

Year	Deaths in age groups						Total
	0—	1—	5—	15—	45—	65—	
1945	175	39	39	263	693	1,852	3,061
1946	187	29	27	267	666	1,965	3,141
1947	184	37	39	269	618	2,061	3,208
1948	156	22	28	239	675	1,854	2,974
1949	134	39	23	245	726	2,108	3,275
1950	123	24	26	196	711	2,129	3,209
1951	129	27	16	195	748	2,231	3,346
1952	113	28	20	199	702	2,166	3,228

TABLE IV—PERCENTAGE OF TOTAL DEATHS OCCURRING AT AGE 65 AND OVER IN URBAN AND RURAL AREAS, 1945-52

Year	Urban Districts			Rural Districts		
	Deaths at		Percentage occurring at 65+	Deaths at		Percentage occurring at 65+
	All ages	65+		All ages	65+	
1945	2,095	1,220	58·2	966	632	65·4
1946	2,157	1,303	60·4	984	662	67·3
1947	2,178	1,362	62·5	1,030	699	67·9
1948	2,007	1,216	60·6	967	638	66·0
1949	2,242	1,379	61·5	1,033	729	70·6
1950	2,196	1,432	65·2	1,013	697	68·8
1951	2,293	1,477	64·4	1,053	754	71·6
1952	2,226	1,472	66·1	1,002	694	69·3



## DEATH RATES

It has been pointed out on previous occasions that comparison of crude death rates of different districts is not valid unless the population structure of each is exactly the same. To enable local death rates to be compared, the Registrar General has supplied an Area Comparability Factor for each district. When the crude death rate is multiplied by this factor, an *adjusted death rate* is obtained which is comparable with the adjusted death rate of any other area or with the crude death rate of England and Wales *in the same year*. The crude death rates, area comparability factors and adjusted death rates of the sanitary districts and of England and Wales for 1952 are shown in Table V.

TABLE V—CRUDE DEATH RATES, AREA COMPARABILITY FACTORS, AND ADJUSTED DEATH RATES OF THE SANITARY DISTRICTS AND ENGLAND AND WALES, 1952

	Crude Death Rate per 1,000 Home Population	Area Comparability Factor	Adjusted Death Rate
<b>Urban Districts</b> ... ..	<b>10·4</b>	<b>1·03</b>	<b>10·7</b>
Ampthill ... ..	14·0	0·70	9·8
Bedford ... ..	11·3	0·94	10·6
Biggleswade ... ..	13·3	0·89	11·9
Dunstable ... ..	11·2	1·06	11·9
Kempston ... ..	8·8	1·05	9·2
Leighton Buzzard ... ..	12·3	0·91	11·2
Luton ... ..	9·4	1·12	10·5
Sandy ... ..	12·8	0·84	10·8
<b>Rural Districts</b> ... ..	<b>9·5</b>	<b>0·96</b>	<b>9·1</b>
Ampthill ... ..	10·9	0·90	9·8
Bedford ... ..	9·0	0·95	8·6
Biggleswade ... ..	9·0	1·01	9·1
Luton ... ..	9·5	0·98	9·3
<b>Admin. County</b> ... ..	<b>10·1</b>	<b>1·01</b>	<b>10·2</b>
<b>England and Wales</b> ...	<b>11·3</b>	<b>1·00</b>	<b>11·3</b>



TABLE VI—CAUSES OF DEATH IN THE SANITARY DISTRICTS OF BEDFORDSHIRE, 1952

CAUSE OF DEATH	Administrative County	URBAN DISTRICTS									RURAL DISTRICTS				
		Amphill	Bedford	Biggleswade	Dunstable	Kempston	Leighton Buzzard	Luton	Sandy	TOTAL	Amphill	Bedford	Biggleswade	Luton	TOTAL
1. Tuberculosis, Respiratory ...	45	2	9	3	1	—	4	16	—	35	1	4	—	5	10
2. Tuberculosis, Other ...	8	—	—	—	—	1	1	3	—	5	—	1	1	1	3
3. Syphilitic Disease ...	15	—	5	—	1	—	1	3	—	10	2	2	1	—	5
4. Diphtheria ...	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1
5. Whooping Cough ...	3	—	—	—	—	—	—	2	—	2	—	—	—	1	1
6. Meningococcal Infections ...	1	—	—	—	1	—	—	—	—	1	—	—	—	—	—
7. Acute Poliomyelitis ...	1	—	—	—	—	—	1	—	—	1	—	—	—	—	—
8. Measles ...	1	—	—	—	—	—	—	1	—	1	—	—	—	—	—
9. Other Infective and Parasitic Diseases ...	8	—	2	—	—	—	—	4	—	6	1	1	—	—	2
Malignant Neoplasm—															
10. Stomach ...	88	1	18	3	5	—	2	30	1	60	10	10	2	6	28
11. Lung, Bronchus ...	111	1	19	5	11	3	3	41	1	84	4	7	11	5	27
12. Breast ...	56	1	9	1	7	1	—	19	3	41	4	2	5	4	15
13. Uterus ...	35	—	6	1	3	2	1	10	1	24	3	3	1	4	11
14. Other Malignant and Lymphatic Neoplasms ...	298	6	50	12	20	6	10	95	11	210	20	31	23	14	88
15. Leukaemia, Aleukaemia ...	13	—	1	1	—	—	—	6	—	8	2	1	1	1	5
16. Diabetes ...	21	—	4	1	1	2	1	7	—	16	2	2	—	—	5
17. Vascular Lesions of Nervous System	482	4	88	9	44	10	18	159	9	341	35	41	39	26	141
18. Coronary Disease, Angina ...	388	9	82	11	16	11	9	108	10	256	31	48	36	17	132
19. Hypertension with Heart Disease ...	77	1	18	1	—	1	5	37	1	64	6	2	2	3	13
20. Other Heart Disease ...	548	6	98	16	24	18	24	159	4	349	58	46	56	39	199
21. Other Circulatory Disease ...	132	1	29	3	12	1	5	45	—	96	6	14	7	9	36
22. Influenza ...	7	—	—	1	1	—	—	1	—	3	—	4	—	—	4
23. Pneumonia ...	123	—	26	4	10	4	4	41	—	89	6	10	5	13	34
24. Bronchitis ...	141	1	22	6	7	2	5	53	—	96	15	18	4	8	45
25. Other Diseases of Respiratory System ...	32	—	8	2	—	2	1	12	1	26	2	1	3	—	6
26. Ulcer of Stomach and Duodenum	37	2	12	—	1	—	1	7	1	24	2	4	4	3	13
27. Gastritis, Enteritis and Diarrhoea ...	18	—	4	—	—	—	3	8	—	15	1	1	1	—	3
28. Nephritis and Nephrosis ...	30	—	6	2	2	1	2	7	—	20	—	6	2	2	10
29. Hyperplasia of Prostate ...	32	—	9	1	1	1	1	10	—	23	5	4	—	—	9
30. Pregnancy, Childbirth, Abortion ...	6	—	2	—	—	—	—	2	—	4	—	—	—	2	2
31. Congenital Malformations ...	27	1	3	—	1	2	1	12	—	20	3	1	3	—	7
32. Other Defined and Ill-defined Diseases ...	319	5	61	13	16	10	8	97	2	212	28	39	25	15	107
33. Motor Vehicle Accidents ...	37	—	6	1	4	1	1	15	—	28	1	5	3	—	9
34. All Other Accidents ...	48	—	9	—	3	2	—	15	2	31	2	6	4	5	17
35. Suicide ...	34	—	6	2	—	—	1	14	—	23	3	3	3	2	11
36. Homicide and Operations of War	5	1	—	—	—	—	—	1	—	2	2	1	—	—	3
TOTALS: ALL CAUSES ...	3,228	42	612	99	192	81	113	1,040	47	2,226	255	318	242	187	1,002

VII—CAUSES OF DEATH IN URBAN AND RURAL AREAS OF BEDFORDSHIRE, 1952, DIVIDED ACCORDING TO SEX AND AGE

CAUSE OF DEATH	URBAN DISTRICTS										RURAL DISTRICTS																									
	MALES									FEMALES									MALES									FEMALES								
	0—	1—	5—	15—	25—	45—	65—	75—	Total	0—	1—	5—	15—	25—	45—	65—	75—	Total	0—	1—	5—	15—	25—	45—	65—	75—	Total	0—	1—	5—	15—	25—	45—	65—	75—	Total
1. Tuberculosis, Respiratory ...	—	—	—	—	7	8	7	2	24	—	—	—	1	5	3	—	2	11	—	—	—	—	—	3	1	1	5	—	—	—	—	2	2	1	—	5
2. Tuberculosis, Other ...	—	—	—	1	—	2	—	—	3	—	—	—	—	1	—	—	1	2	—	1	—	—	—	2	—	—	3	—	—	—	—	—	—	—	—	
3. Syphilitic Disease ...	—	—	—	—	—	3	3	—	6	—	—	—	—	—	4	—	—	4	—	—	—	—	—	—	2	1	3	—	—	—	—	1	1	—	2	
4. Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1		
5. Whooping Cough ...	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	2	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—		
6. Meningococcal Infections ...	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
7. Acute Poliomyelitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
8. Measles ...	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
9. Other Infective and Parasitic Diseases ...	—	—	—	—	—	—	—	2	2	—	—	1	—	1	—	2	—	4	—	—	—	—	1	—	—	—	1	—	—	—	1	—	—	—	1	
Malignant Neoplasm—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
10. Stomach ...	—	—	—	—	1	16	7	8	32	—	—	—	—	2	8	5	13	28	—	—	—	—	1	4	4	5	14	—	—	—	—	3	4	7	14	
11. Lung, Bronchus ...	—	—	—	—	3	44	23	6	76	—	—	—	—	—	4	4	—	8	—	—	—	—	2	15	4	4	25	—	—	—	—	2	—	—	2	
12. Breast ...	—	—	—	—	—	—	—	—	—	—	—	—	—	3	27	9	2	41	—	—	—	—	—	—	—	—	—	—	—	—	1	7	2	5	15	
13. Uterus ...	—	—	—	—	—	—	—	—	—	—	—	—	—	1	12	4	7	24	—	—	—	—	—	—	—	—	—	—	—	—	1	4	1	5	11	
14. Other Malignant and Lymphatic Neoplasms ...	—	1	—	1	10	32	35	43	122	—	—	—	—	7	31	23	27	88	—	1	—	—	4	12	15	17	49	—	—	—	—	3	9	5	22	39
15. Leukaemia, Aleukaemia ...	—	—	—	—	3	—	1	—	4	—	1	—	—	1	—	1	1	4	—	2	—	—	—	1	—	—	3	—	—	—	—	1	—	1	2	
16. Diabetes ...	—	—	2	—	—	1	3	2	8	—	—	—	1	—	—	4	3	8	—	—	—	—	—	—	1	2	3	—	—	—	—	—	1	—	2	
17. Vascular Lesions of Nervous System	—	—	—	—	4	26	46	84	160	—	—	—	1	4	22	46	108	181	—	—	—	—	1	10	17	26	54	—	—	—	—	—	8	24	55	87
18. Coronary Disease, Angina ...	—	—	—	—	7	51	54	55	167	—	—	—	—	1	16	31	41	89	—	—	—	—	2	21	35	26	84	—	—	—	—	1	13	14	20	48
19. Hypertension with Heart Disease	—	—	—	—	—	4	12	20	36	—	—	—	—	—	4	11	13	28	—	—	—	—	—	1	2	2	5	—	—	—	—	—	2	3	3	8
20. Other Heart Disease ...	—	—	—	—	3	20	46	85	154	—	—	—	1	6	26	39	123	195	—	—	—	—	1	11	17	70	99	—	—	—	—	1	8	22	69	100
21. Other Circulatory Disease ...	—	—	—	—	3	10	17	14	44	—	—	—	—	1	10	13	28	52	—	—	—	—	—	5	6	5	16	—	—	—	—	1	3	1	15	20
22. Influenza ...	—	—	—	—	—	2	—	—	2	—	—	—	—	—	1	—	—	1	—	—	—	—	1	1	1	3	—	—	—	—	—	1	—	—	1	
23. Pneumonia ...	9	1	—	—	3	7	13	9	42	3	3	—	1	1	3	6	30	47	4	3	—	—	—	2	5	3	17	4	—	—	—	1	5	7	17	
24. Bronchitis ...	—	—	—	—	1	19	21	17	58	—	—	—	—	—	4	13	21	38	1	—	—	—	—	7	8	12	28	—	1	—	—	—	4	12	17	
25. Other Diseases of Respiratory System ...	—	—	—	—	—	11	5	3	19	—	1	—	—	—	—	1	5	7	—	—	—	—	—	2	—	1	3	—	—	—	—	1	—	2	3	
26. Ulcer of Stomach and Duodenum ...	—	—	—	—	—	7	4	6	17	—	—	—	—	1	1	4	1	7	—	—	—	—	1	4	2	3	10	—	—	—	—	—	—	3	3	
27. Gastritis, Enteritis and Diarrhoea	4	1	—	—	1	—	2	2	10	2	—	—	—	1	—	1	1	5	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	3	
28. Nephritis and Nephrosis ...	—	—	—	—	—	6	6	1	13	—	—	—	—	1	1	3	2	7	—	—	—	1	1	1	2	1	6	—	—	—	—	1	1	1	4	
29. Hyperplasia of Prostate ...	—	—	—	—	—	4	7	12	23	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
30. Pregnancy, Childbirth, Abortion ...	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—	—	—	4	—	—	—	—	—	—	5	4	9	—	—	—	—	—	—	—	—	
31. Congenital Malformations ...	5	—	—	—	3	—	1	—	9	9	—	—	—	—	1	1	—	11	1	2	—	1	—	1	—	—	—	5	2	—	—	2	—	—	2	
32. Other Defined and Ill-defined Diseases ...	25	1	2	4	6	17	17	33	105	13	2	5	3	6	12	14	52	107	12	1	1	—	—	10	11	18	53	13	—	—	—	3	10	9	19	54
33. Motor Vehicle Accidents ...	—	—	—	5	10	5	—	1	21	—	—	2	1	1	2	1	—	7	—	—	—	7	1	1	—	—	9	—	—	—	—	—	—	—	—	
34. All Other Accidents ...	3	—	2	2	1	2	3	3	16	1	—	1	2	—	1	2	8	15	—	—	3	2	2	1	1	1	10	1	—	—	—	—	1	3	7	
35. Suicide ...	—	—	—	1	2	6	2	1	12	—	—	—	—	5	5	1	—	11	—	—	—	1	1	3	—	1	6	—	—	—	—	1	—	—	5	
36. Homicide and Operations of War	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	2	—	1	—	—	—	1	—	—	2	—	1	—	—	—	—	—	1	
TOTALS: ALL CAUSES ...	46	4	7	14	68	303	335	409	1,186	28	10	9	11	55	199	240	488	1,040	18	12	4	12	18	119	139	204	526	21	2	—	1	20	81	101	250	476



## CAUSES OF DEATH

The causes of death in the Sanitary Districts and the County as a whole are shown in Table VI. Table VII shows the age and sex distribution of the deaths from the various causes in the Urban and Rural Areas of the County. In order to bring out the relative importance of the principal diseases from a mortality point of view, Table VIII has been prepared, showing the actual number of deaths from these diseases in 1952, and the percentages of the total number of deaths attributable to them. The corresponding percentages for 1950 and 1951 are also shown.

TABLE VIII—NUMBER OF DEATHS FROM PRINCIPAL FATAL DISEASES IN 1952, TOGETHER WITH PERCENTAGES OF THE TOTAL NUMBER OF DEATHS ATTRIBUTABLE TO THOSE DISEASES IN 1950-52

	No. of deaths in 1952	Percentage of total deaths in 1952	Corresponding percentage in	
			1951	1950
Heart Disease ... ..	1,013	31·4	32·5	31·3
Cancer ... ..	588	18·2	16·3	16·6
Cerebral Haemorrhage, etc. ...	482	14·9	12·3	13·3
Bronchitis ... ..	141	4·4	5·4	4·5
Other Circulatory Diseases ...	132	4·1	3·3	3·6
Pneumonia ... ..	123	3·8	4·1	3·6
Pulmonary Tuberculosis ...	45	1·4	1·7	1·5

These seven causes account for rather more than three-quarters of the deaths in the County. It will be seen that, apart from Pneumonia and Other Circulatory Diseases having changed places, the order remains unchanged. Heart Disease again heads the list, the number of deaths from this cause being nearly twice that from cancer which is second in the list.

## HEART DISEASE

For the third year in succession the number of deaths from heart disease was just over one thousand. Table IX shows the sex and age distribution of such deaths for the years 1940 to 1952. It will be observed that the majority of the deaths occur in persons aged 65 years and over. Reference to Table VII shows that coronary disease and angina were more prevalent amongst males, particularly in the Urban Districts.

## TUBERCULOSIS

The death rate from pulmonary tuberculosis has shown a downward trend in Bedfordshire during the past twenty years. In 1952 the figure of 14 per 100,000 home population was the lowest ever recorded. The rural death rate continued to be lower than the urban rate, being nine as against 16.



TABLE IX—DEATHS OF BEDFORDSHIRE RESIDENTS FROM HEART DISEASE IN YEARS 1940-52  
SUBDIVIDED ACCORDING TO AGE AND SEX

	MALES						FEMALES						PERSONS					
	MALES						FEMALES						PERSONS					
	0—	5—	15—	45—	65—	Total	0—	5—	15—	45—	65—	Total	0—	5—	15—	45—	65—	Total
1940	—	1	22	97	230	350	—	1	7	79	318	405	—	2	29	176	548	755
1941	—	1	7	85	221	314	—	2	11	62	283	358	—	3	18	147	504	672
1942	—	2	11	92	225	330	—	1	19	76	258	354	—	3	30	168	483	684
1943	—	—	16	88	229	333	—	2	15	60	295	372	—	2	31	148	524	705
1944	1	1	15	85	242	344	—	—	15	70	279	364	1	1	30	155	521	708
1945	—	2	13	87	289	391	—	—	9	57	316	382	—	2	22	144	605	773
1946	—	—	10	92	306	408	—	—	14	51	336	401	—	—	24	143	642	809
1947	—	1	16	82	326	425	—	2	14	57	378	451	—	3	30	149	704	876
1948	—	1	11	91	274	377	—	2	12	55	386	455	—	3	23	146	660	832
1949	—	—	14	101	345	460	—	—	11	70	423	504	—	—	25	171	768	964
1950	—	1	13	127	379	520	1	—	16	55	413	485	1	1	29	182	792	1,005
1951	—	—	17	127	431	575	—	—	10	66	437	513	—	—	27	193	868	1,088
1952	—	—	13	108	424	545	—	—	10	69	389	468	—	—	23	177	813	1,013

## CANCER

There were 588 deaths attributable to malignant neoplasms in 1952 and a further 13 due to leukaemia or aleukaemia. For the purposes of comparison with previous years, the latter group has been omitted from the figures. Table X shows that the vast majority of cancer deaths occur in the second half of life. As has been pointed out previously, it may be anticipated that as the number of elderly people in the population rises, the total number of individuals falling victims to the disease will increase in the absence of means of prevention. At the same time, it should be remembered that there is a good hope of cure in certain types if treatment is undertaken early. Medical advice should, therefore, be sought immediately there is any suspicion of the disease.

During recent years attention has been focused upon the increasing incidence of cancer of the lung. In Bedfordshire in 1952, of the 318 males who died from cancer, 101 had cancer of the lung or bronchus, whereas only 10 of the 270 female deaths were attributed to the same cause. For males in the age group 45–64, cancer of the lung or bronchus was the main cause of cancer deaths.

TABLE X—AGE DISTRIBUTION OF DEATHS OF BEDFORDSHIRE RESIDENTS FROM ALL FORMS OF CANCER IN YEARS 1940 TO 1952, TOGETHER WITH PERCENTAGES OF DEATHS IN CERTAIN AGE GROUPS

	Deaths at Age						Total No. of Deaths	Percentage of deaths occurring at ages	
	0—	1—	5—	15—	45—	65—		Under 45	65 and over
1940	—	2	2	29	153	229	415	8.0	55.2
1941	—	1	—	32	171	264	468	7.1	56.4
1942	—	1	3	28	178	250	460	7.0	54.3
1943	—	1	—	34	200	271	506	6.9	53.6
1944	—	1	3	35	208	283	530	7.4	53.4
1945	—	2	1	35	192	168	498	7.6	53.8
1946	—	—	1	35	152	285	473	7.6	60.2
1947	—	1	3	37	159	265	465	8.8	57.0
1948	—	—	—	41	188	300	529	7.8	56.7
1949	—	2	2	31	189	283	507	6.9	55.8
1950	1	2	—	26	207	296	532	5.5	55.6
1951	—	1	2	44	212	288	547	8.6	52.7
1952	—	2	—	40	230	316	588	7.1	53.7

## MATERNAL MORTALITY

Six maternal deaths occurred in 1952, giving a maternal mortality rate per 1,000 total (live and still) births of 1.25. The corresponding rate for England and Wales was 0.72.

In 1951 the maternal mortality rate in Bedfordshire was the lowest recorded, viz, 0.20, there being but one death. The occurrence of six deaths in 1952 and a mortality rate of 1.25 in a county with highly developed



maternity services led to an examination of the circumstances of these deaths. Two of the deaths occurred in the Borough of Bedford, two in Luton, and two in the Luton Rural District.

The causes of death were:—(a) Pulmonary Embolism in three cases. In one, death occurred on the 5th day and in another on the 9th day. It is not known how long after confinement the third death occurred, but it happened after a repair operation on the pelvic floor; (b) Shock and asphyxia caused by an attempt at criminal abortion; (c) Ruptured Ectopic Pregnancy; (d) Pulmonary oedema consequent upon thrombosis of the pulmonary arteries associated with thrombosis of the veins of the leg and massive haemorrhage into the abdominal cavity from an old extra-uterine pregnancy.

The fact of these deaths is deplorable, but it is difficult, in the present state of our knowledge, to see how they could have been prevented.

### INFANT MORTALITY

113 infants under one year of age died during 1952, 74 of them during the first month of life. The distribution of infant deaths between the County Districts is shown in Table I on page 8. The number of such deaths per 1,000 live births registered during the year constitutes the Infant Mortality Rate. The rates for the individual districts are also shown in the Table. It should be borne in mind, however, that the figures are so small in some cases that the rate calculated may not be truly significant. Table II on page 9 shows the Infant Mortality Rates for the Urban and Rural Areas, for the County as a whole, and for England and Wales for the past nine years. The rate of 24.1 for the County is the lowest ever recorded. The causes and sex distribution of the infant deaths registered in 1952 are set out in Table XI. Prematurity is included in "Other Defined Causes".

TABLE XI—CAUSES OF INFANT DEATHS IN URBAN AND RURAL AREAS, 1952, SUBDIVIDED ACCORDING TO SEX

CAUSE	URBAN DISTRICTS		RURAL DISTRICTS		COUNTY	
	Male	Female	Male	Female	Male	Female
Bronchitis ...	—	—	1	—	1	—
Pneumonia ...	9	3	4	4	13	7
Gastritis, Enteritis and Diarrhoea ...	4	2	—	1	4	3
Congenital Malfor- mations ...	5	9	1	2	6	11
Accidents*	3	1	—	1	3	2
Other Defined Causes	25	13	12	13	37	26
TOTALS ...	46	28	18	21	64	49

\* Other than motor vehicle accidents.



## **SECTION II**

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# **GENERAL PROVISION OF HEALTH SERVICES IN THE AREA**

## THE LOCAL HEALTH SERVICES PROVIDED UNDER THE NATIONAL HEALTH SERVICE ACTS

At the request of the Ministry of Health, this Section contains not only an account of the Services as existing at the end of 1952 but also a general review of their working as part of the wider National Health Service, and particulars of the nature and results of the steps taken locally to link them up with the other parts of the National Service.

### Administration

The County Council as Local Health Authority established a Health Committee in accordance with the requirements of the National Health Service Act, 1946. A majority of the Health Committee are members of the Authority. Representation is granted to the following bodies:—

Medical Committee of the Bedfordshire Executive Council  
Dental Committee for Bedfordshire  
Pharmacists' Committee for Bedfordshire  
Bedford Group Hospital Management Committee  
Luton and Hitchin Group Hospital Management Committee  
Women's Voluntary Services  
British Red Cross Society  
St. John Ambulance Brigade  
Federation of Trades Councils  
Bedfordshire Executive Council

In addition, the four chairmen for the time being of the Divisional Committees are members, whether they are or are not members of the Authority.

The Health Committee established the following Sub-Committees, all of which have a majority of members of the Local Health Authority or Local Sanitary Authorities:—

- (a) A General Purposes Sub-Committee to deal with the development of the services and matters of administration.
- (b) An Ambulance Sub-Committee.
- (c) A Mental Health Sub-Committee.
- (d) Four Divisional Committees. These cover the whole County, and to them is referred the day-to-day management of the following services:—

The care of mothers and young children, health visiting, home nursing, domiciliary midwifery, domestic help, vaccination and immunisation. (The prevention of illness, care and after-care section of the Act is administered centrally at present.)

The Divisional Committees are:—

Eastern Division	Comprising Biggleswade Urban and Rural Districts; Sandy Urban District.
Northern Division	Comprising Bedford Borough; Ampthill and Kempston Urban Districts; Ampthill and Bedford Rural Districts.
Southern Division	Comprising Dunstable Borough; Leighton Buzzard Urban District; Luton Rural District.
Luton Division	Comprising Luton Borough.

The Divisional Committees generally are composed of members nominated by the County District Councils in the Division, members of the County Health Committee and representatives of Hospital Management Committees, British Red Cross Society, St. John Ambulance Brigade, Voluntary Welfare Organisations and representatives of the Local Medical Committee. The County Council members are in a minority. Each Divisional Committee has a medical adviser. In all cases he is a Medical Officer of Health of one or more County Districts, but in his capacity as medical adviser to his Divisional Committee he has the status of Senior Assistant County Medical Officer and is on the Staff of the County Medical Officer.

General supervision of the Maternity and Child Welfare services is exercised by the Senior Assistant County Medical Officer for Maternity and Child Welfare, and the nursing services are supervised by the Chief Nursing Officer, both officers being on Headquarters staff. There is also in Luton a Superintendent Health Visitor.

For the periphery of the County it was found desirable to make a number of arrangements, some with voluntary bodies and some with adjoining Local Health Authorities. Thus, there is a general arrangement for mutual assistance in ambulance matters, while in the Leighton Buzzard area the ambulance service is provided in the main by the Buckinghamshire County Council Ambulance Depot at Linslade. Again, suitable children from adjoining parts of Bedfordshire are admitted to Hertfordshire Day Nurseries.

### **Co-ordination and Co-operation**

There is adequate cross-representation on the administrative bodies within the County, viz, the Local Executive Council, the three Hospital Management Committees and the Local Health Authority. Moreover, a Bedfordshire Liaison Committee has been set up by the several administrative bodies. This Committee may be regarded as a body which is available to consider any particular problem referred to it by one or more of the administrative bodies. So far, it has considered the problem of the aged and chronic sick.



The co-ordination and co-operation which take place at officer level also are of importance. Indeed, day to day work could hardly go on without them. The County of Bedford is fortunate in that, by reason of its size and population, it forms a very convenient unit for the administration of health services. Not only members, but officers also, of the administrative bodies are personally known to each other. This is a great asset. Speedy action is possible. An important officer in this connection is the Hospital Almoner who by contact with officers of the Local Health Authority brings the necessary services into operation.

It may be useful to refer to some other examples of co-operation, but it cannot be stressed too much that there is a daily co-operative effort in the actual working of the services. Thus, the Local Health Authority assist the Hospitals in determining which maternity patients ought to be admitted to hospital on social grounds. Then, cases accepted for admission to the maternity wards, if they live in rural areas and attendance at routine ante-natal clinics would be burdensome, are seen at Local Health Authority Centres or by domiciliary midwives living in the locality. The Home Nursing Service enables patients still needing nursing care to be discharged from hospital when shortage of beds makes this necessary, and its nurses care for those individuals, particularly the aged and chronic sick, who, if beds were available, would be in hospital. Reference should also be made to the assistance given in the domiciliary treatment of tuberculosis, which results in a great saving of hospital beds, and to the *ad hoc* arrangements made for the transport of cases of tuberculosis to the Chest Clinics, which have a similar result. In the Mental Health Service there is a considerable degree of co-operation between the officers of the three services. General medical practitioners are making an increasing use of the Local Health Authority's Mental Health Workers, who are now supervising some patients on their discharge from hospital. As an example of rather specialised arrangements there may be mentioned the fact that in the south of the County a Health Visitor once a week accompanies the Paediatrician on his ward round. It has happened, too, that Local Health Authority staff have given assistance to a maternity unit in acute difficulty.

Attention has already been drawn to the suitability of Bedfordshire as an administrative unit. So far, the issue of a comprehensive guide to the Local Health Services has not been regarded as necessary. There is much evidence that the services are well-known and used.

General practitioners are informed of matters by means of circular letters issued by the County Medical Officer, and contact with general practitioners both individually and collectively by medical officers of the Local Health Authority is frequent.

### **Joint Use of Staff**

One general medical practitioner (female) conducts an Ante-natal Clinic for the Authority on a sessional basis. No other general medical practitioners are employed.

The Deputy County Medical Officer is employed as part-time Venereologist at the Bedford General Hospital, and the Medical Officer of the Luton Divisional Health Committee acts in a part-time capacity as Medical Superintendent of the Spittlesea Infectious Diseases Hospital, Luton. Both these arrangements make health administration more efficient. The Senior Chest Physicians at the Bedford and Luton Chest Clinics are jointly employed by the Regional Hospital Board and the Local Health Authority. In addition, the Regional Hospital Board now provide a Consulting Psychiatrist at the Council's Child Guidance Clinics.

The foregoing sets out the official position as regards joint user of staff, but there is much else. Thus, the Medical Superintendents at the Arlesey and Bromham Hospitals are readily available for advice on mental health matters. Similarly, much use is made of geriatricians in relation to the chronic sick. Moreover, in the Tuberculosis Service there is no doubt that the Tuberculosis Visitors and Almoners, who are wholly paid by the Local Health Authority, do a considerable amount of work which could properly be regarded as within the scope of the hospital service.

### **Voluntary Organisations**

There is a most useful association existing between voluntary organisations on the one hand and the Local Health Authority on the other. The contribution made by these organisations is a great saver of manpower and money. Thus, Medical Comforts Depots are provided and staffed all over the County by the British Red Cross Society and St. John Ambulance Brigade. Moreover, St. John and B.R.C.S. personnel regularly do duty at Ambulance Depots, and there is a small panel of lady volunteers who are available to accompany patients on long journeys. During the recent epidemic of influenza members of the St. John Ambulance Brigade have given assistance in the care of patients at home. These two bodies, in association with the Women's Voluntary Services, are also responsible for the organisation of the Hospital Car Service, which has proved so useful.

The Women's Voluntary Services did pioneer work in the Home Help Service in Bedfordshire, and are still associated with the Local Health Authority in the provision of this service. The British Red Cross Society undertakes a certain amount of diversional activity for some patients who are home-bound. Its main effort, however, is carried out in hospitals. In most of the foregoing arrangements, financial aid is given to the voluntary organisations by the Local Health Authority.

Lastly, mention must be made of the use made of voluntary agencies by the Tuberculosis Almoners in the after-care of patients, and of the fact that the Authority use, where necessary, Convalescent Homes provided by voluntary associations.



## SECTION 21—HEALTH CENTRE

The Health Centre in Waller Street, Luton, is now closed. There is no doubt that the provision of this Centre greatly facilitated the work of the general medical practitioner service during a difficult transitional period.

There is a proposal to provide a Health Centre on the Farley Hill Estate, Luton. Much preliminary work has been done in connection with it, and the general medical practitioners have recently made clear their precise requirements. In the meantime, maternity and child welfare work is being done in hired premises on the Estate.

## SECTION 22—CARE OF MOTHERS AND YOUNG CHILDREN

### Ante-Natal Work

At the end of the year 13 ante-natal clinics were functioning. Eight of these clinics are held in premises rented for the purpose. Table XII shows details of the work done during 1952.

There are no specialist clinics held in Local Health Authority premises. The clinics are conducted by experienced medical officers, however, who see to it that a specialist opinion is obtained wherever it appears to be necessary. Some assistance is given to general medical practitioners who undertake ante-natal work on their own premises, but there are no formal arrangements. Where assistance is given, the domiciliary midwife usually takes two or three expectant mothers to the doctor's surgery at the time appointed for the examinations. The scheme under which general practitioners carry out ante-natal and post-natal examinations on behalf of the Local Health Authority continues in operation, but little use is now made of it.

If a mother attending an ante-natal clinic has not previously had a blood examination, blood is taken and sent to a laboratory for Group, Rhesus, Kahn and Wasserman examinations. If a previous blood examination has been made, the report is obtained, and no other examination is made unless there is some indication for one.

With regard to unmarried expectant and nursing mothers, the routine maternity facilities are available and are used, but, where it is necessary to do so, special arrangements are made for their care through voluntary Moral Welfare organisations. In Bedford itself the Bedford and County Girls' Home, with 24 places, is available, and use is also made of similar homes outside Bedfordshire.

In Luton, mothercraft training is undertaken by midwives. Elsewhere in the County it is given in the main by the health visitors at the ante-natal clinics, special mothercraft classes being held in some cases. Some training of a rather less organised nature is given at Infant Welfare Centres. Birth relaxation classes are held in Leighton Buzzard and Luton.



TABLE XII—DETAILS OF ANTE-NATAL CLINICS IN THE COUNTY AND ATTENDANCES DURING 1952

Clinic	Day and Time (Fortnightly unless stated otherwise)	Number of Women who attended during the year	Total number of atten- dances	Number of sessions held
AMPTHILL— The Cedars ...	Friday 10.0	412	459	25
BEDFORD— 29, Barford Avenue	Wednesday 9.30	99	108	23
BIGGLESWADE— The Lawns, The Baulk	Tuesday 10.0	60	263	25
DUNSTABLE— Health Centre, Kingsway	Thursday 10.0 (Weekly) Thursday 2.0	324	1,801	76
HOUGHTON REGIS— Baptist Schoolroom	Wednesday 10.0	36	188	27
LEIGHTON BUZZARD— 1, Grovebury Road	Friday 10.0	82	379	25
*LUTON— Dallow Road ...	Tuesday 2.0 (Weekly) Wednesday 2.0 (Weekly) Friday 2.0 Friday 3.0	485	1,538	158
Farley Hill ...	Tuesday 2.0	148	421	26
Stopsley ...	Thursday 2.0 (Weekly)	209	722	52
SHEFFORD— Digswell House ...	Wednesday 10.0	20	110	26
SHILLINGTON— Congregational Schoolroom	Thursday 10.0	18	22	25
STOTFOLD— Unionist Club ...	Monday 10.0	23	123	24
SUNDON— Skefko Sports Pavilion	Wednesday 10.0	37	151	24
TOTALS ...		1,953	6,285	536

\* The Luton Clinics are Midwives' Clinics, the midwives seeing their own patients.

TABLE XIII—DETAILS OF WORK DONE AT INFANT WELFARE CENTRES DURING 1952

Centre	No. of Infants who attended the Centre for the first time during the year		No. of Children in attendance at end of year who were then		Total atten- dances during the year	No. of Consul- tations with Council's Medical Officer	No. of Sessions held during year
	Under 1 year	Between 1-5 years	Under 1 year	Between 1-5 years			
Ampthill ... ..	58	9	49	122	1,975	317	49
Arlesey ... ..	60	7	53	70	1,435	283	23
Aspley Guise ... ..	14	6	10	71	872	149	26
Barton ... ..	23	9	20	61	902	182	25
Bedford—							
Barford Avenue ... ..	158	19	134	223	3,682	644	99
Brereton Road ... ..	250	19	212	276	5,485	722	105
Goldington ... ..	55	4	44	120	1,794	253	50
Queen's Park ... ..	65	1	64	115	2,187	237	50
Biggleswade ... ..	106	—	83	68	2,909	579	53
Blunham ... ..	12	2	10	26	312	93	13
Bromham ... ..	13	1	11	28	482	58	24
Caddington ... ..	29	14	25	77	671	259	24
Clapham ... ..	49	19	42	20	1,673	392	49
Cotton End ... ..	22	8	17	40	505	107	24
Cranfield ... ..	24	7	22	80	1,276	197	27
Dunstable ... ..	268	36	231	486	7,609	1,856	154
Eaton Bray ... ..	37	3	30	55	859	198	25
Eaton Socon ... ..	22	3	19	49	554	108	25
Elstow ... ..	89	9	64	138	2,084	263	52
Flitwick ... ..	41	20	37	81	1,822	384	49
Great Barford ... ..	10	4	6	32	276	78	14
Harrold ... ..	19	3	14	8	733	226	26
Haynes ... ..	13	—	11	27	369	85	26
Heath and Reach ... ..	19	1	17	24	504	80	26
Henlow ... ..	39	11	39	67	1,552	*	48
Houghton Regis ... ..	39	9	36	107	1,805	300	52
Kempston ... ..	116	32	95	301	4,307	661	100
Langford (opened 25.9.52)	15	18	15	18	136	44	7
Leighton Buzzard ... ..	123	3	90	99	3,347	626	75
Luton—							
Beechwood ... ..	216	3	180	314	5,045	1,355	100
Castle Street ... ..	173	10	227	153	3,700	992	52
Dallow Road ... ..	163	16	154	274	3,432	1,581	49
Farley Hill ... ..	164	8	134	305	2,907	900	51
Leagrave, High Street ... ..	77	2	81	134	1,761	454	50
Leagrave, Marsh Road ... ..	106	6	93	183	2,547	936	52
Limbury ... ..	155	13	130	262	3,455	722	98
Park Street ... ..	16	5	64	35	478	94	15
(opened 12.9.52)							
Round Green ... ..	149	7	123	228	2,544	854	52
St. Anne's ... ..	105	4	90	205	2,157	792	49
Stopsley ... ..	75	1	84	123	1,868	473	52
Marston Moretaine ... ..	31	10	23	62	738	137	26
<i>Carried forward</i> ...	3,218	362	2,883	5,167	82,749	18,671	1,966

\* Council's Medical Officer did not attend this Clinic during 1952.

TABLE XIII—(continued)

Centre	No. of Infants who attended the Centre for the first time during the year		No. of Children in attendance at end of year who were then		Total atten- dances during the year	No. of Consul- tations with Council's Medical Officer	No. of Sessions held during year
	Under 1 year	Between 1-5 years	Under 1 year	Between 1-5 years			
<i>Brought forward</i> ...	3,218	362	2,883	5,167	82,749	18,671	1,966
Marston Shelton ...	13	15	7	46	637	144	25
Maulden ...	25	2	23	38	671	126	25
Potton ...	35	8	23	27	952	197	27
Ridgmont ...	27	5	20	56	836	140	25
Riseley ...	11	5	8	8	282	118	13
Sandy ...	42	5	33	60	1,469	252	25
Sharnbrook ...	22	6	18	34	648	138	25
Shefford ...	68	22	47	61	2,453	261	52
Shillington ...	19	5	18	69	776	212	25
Slip End ...	17	8	15	29	394	156	25
Stewartby ...	24	11	23	51	571	185	24
Stotfold ...	44	8	44	138	2,267	470	26
Streatley ...	16	5	16	40	597	97	26
Studham ...	22	7	21	77	767	223	27
Sundon ...	40	9	39	103	1,285	272	51
Tempsford ...	7	1	6	1	182	74	11
Toddington ...	55	8	55	115	1,542	346	52
Turvey ...	7	5	6	42	348	149	14
Westoning ...	20	1	14	43	618	110	27
Wilstead ...	14	2	11	21	201	57	12
Woburn ...	22	7	19	71	884	164	27
Wootton ...	28	2	18	46	538	97	26
Wrestlingworth ...	10	1	10	18	375	103	25
Wyboston ...	24	5	14	35	335	116	13
Wymington ...	17	4	17	15	271	58	13
TOTALS ...	3,847	519	3,408	6,411	102,648	22,936	2,607

### Post-Natal Work

Separate post-natal clinics are not held, but mothers are encouraged to attend the ante-natal clinics after their confinements in order that a post-natal examination may be made. In all, 238 women attended during the year. In addition, general practitioners examined a small number of mothers under arrangements made by the Local Health Authority.

Maternity outfits are supplied free in all domiciliary cases.



TABLE XIV—NUMBER OF PREMATURE BABIES BORN IN THE COUNTY DURING 1952, SHOWING WHERE BORN AND NURSED,  
AND SUBDIVIDED ACCORDING TO WEIGHT AND PERIOD OF SURVIVAL

BORN AT HOME OR IN PRIVATE NURSING HOME												
	Nursed entirely at Home or in Nursing Home						Transferred to Hospital					
	Total	2lb. 3oz. or less	Over 2lb. 3oz. to 3lb. 4 oz.	Over 3lb. 4oz. to 4lb. 6oz.	Over 4lb. 6oz. to 5lb. 8oz.	TOTAL	2lb. 3oz. or less	Over 2lb. 3oz. to 3lb. 4oz.	Over 3lb. 4oz. to 4lb. 6oz.	Over 4lb. 6oz. to 5lb. 8oz.	TOTAL	
Died in first 24 hours ...	4	2	—	1	—	3	—	1	—	—	1	20
Died on 2nd to 7th day	3	—	—	2	—	2	1	—	—	—	1	16
Died on 8th to 28th day	—	—	—	—	—	—	—	—	—	—	—	—
Survived 28 days ...	69	—	1	13	46	65	—	3	—	1	4	205
TOTAL ...	76	2	1	16	46	70	1	4	—	1	6	241

	BORN IN HOSPITAL						Grand Total	
	TOTAL	2lb. 3oz. or less	Over 2lb. 3oz. to 3lb. 4oz.	Over 3lb. 4oz. to 4lb. 6oz.	Over 4lb. 6oz. to 5lb. 8oz.	TOTAL		
		3	7	5	—	1	16	20
		—	4	4	3	2	13	16
		—	—	—	—	—	—	—
		—	4	29	39	64	136	205
		3	15	38	42	67	165	241

## **Child Welfare**

Two new infant welfare centres were opened during the year, making a total of 66 in operation at the 31st December, 1952. Most of the clinics are held in premises rented for the purpose. At most sessions a doctor and a nurse are in attendance, but at a few a nurse only is present. Details of the attendances at each clinic are given in Table XIII. There are no consultant or other special clinics provided by the Local Health Authority for young children, but appropriate steps are taken to see that whatever treatment is required is obtained. Thus, some children are referred to hospital, while for others use is made of the school clinic facilities for speech therapy, child guidance, etc. No assistance is given to general practitioners holding clinics on their own premises.

### **Care of Premature Infants**

All infants weighing  $5\frac{1}{2}$  lbs. or less at birth are regarded as being premature, irrespective of the period of gestation. Table XIV shows that the number of premature babies born in the County during the year was 241 and that of these 36 died within 28 days of birth.

Cots, together with plastic covers adapted for the administration of oxygen and all the necessary equipment, are available when required.

12 midwives have had special training in the care of premature infants. Where it is necessary for a premature baby to be admitted to hospital, arrangements have been made for nursing care en route and the equipment necessary for such a journey has been provided.

### **Supply of Dried Milks, etc.**

Ministry of Food cod liver oil and orange juice are distributed at all the Council's centres, and national dried milk is obtainable at many of them. In addition, a variety of other dried milks and nutrients is available at cost price. Iron and other tablets are issued free of charge.

### **Dental Care**

There are five dental clinics, all well equipped. An X-ray unit at the Dunstable clinic serves both this clinic and the one at Leighton Buzzard. There is another X-ray unit at the Biggleswade clinic. At present all mothers and young children attending the Bedford dental clinic and requiring X-ray examination are referred to the Bedford General Hospital. It is anticipated, however, that shortly two new fully-equipped dental surgeries will be opened in Bedford. Dentures are processed by a private dental laboratory on behalf of the Local Health Authority. Table XV sets out details of the work done during 1952.

TABLE XV—DETAILS OF WORK DONE AT DENTAL CLINICS DURING 1952  
(a) Numbers provided with Dental Care

					Examined	Needing Treatment	Treated
BEDFORD—							
Mothers	...	...	...	...	14	14	14
Infants	...	...	...	...	89	83	83
BIGGLESWADE—							
Mothers	...	...	...	...	34	27	27
Infants	...	...	...	...	32	30	30
DUNSTABLE—							
Mothers	...	...	...	...	164	159	158
Infants	...	...	...	...	253	225	221
LEIGHTON BUZZARD—							
Mothers	...	...	...	...	58	58	58
Infants	...	...	...	...	36	36	36
LUTON—							
Mothers	...	...	...	...	—	—	—
Infants	...	...	...	...	55	55	55
TOTALS: Mothers					270	258	257
Infants					465	429	425

(b) Forms of Dental Treatment provided

				Extrac- tions (teeth)	Anaesthetics		Fill- ings	Scalings or scaling and gum treat- ment	Silver nitrate treat- ment	Dress- ings	Radio- graphs	Dentures provided	
					Local	Gen.						Com- plete	Partial
BEDFORD—													
Mothers	...	...	...	31	—	14	—	—	—	—	—	1	—
Infants	...	...	...	198	—	83	—	—	—	—	—	—	—
BIGGLESWADE—													
Mothers	...	...	...	58	12	3	7	20	—	8	4	—	5
Infants	...	...	...	44	3	18	13	1	8	2	5	—	—
DUNSTABLE—													
Mothers	...	...	...	128	20	61	100	65	2	147	15	11	33
Infants	...	...	...	149	4	100	144	4	5	40	—	—	—
LEIGHTON BUZZARD—													
Mothers	...	...	...	30	9	6	39	2	—	37	—	2	3
Infants	...	...	...	14	1	11	13	—	—	31	—	—	—
LUTON—													
Mothers	...	...	...	—	—	—	—	—	—	—	—	—	—
Infants	...	...	...	93	—	93	—	—	—	—	—	—	—
TOTALS: Mothers				247	41	84	146	87	2	192	19	14	41
Infants				498	8	305	170	5	13	73	5	—	—



The shortage of dental surgeons has been serious, but there has been some improvement recently. The shortage has been most seriously felt in Luton, where there has been no full-time dental surgeon on the staff since 1948. Expectant and nursing mothers in Luton have, therefore, been unable to receive priority treatment in the Local Health Authority's clinics, but children under the age of five years have been able to attend the school dental clinic where a dental surgeon has been in attendance two sessions a week. It is hoped that it will soon be possible to provide additional sessions in Luton.

### Other Provisions

(i) As part of the Authority's scheme under Section 28 of the Act, provision is made for convalescent facilities for mothers and young children.

(ii) Also under Section 28 arrangements have been made for newborn babies of tuberculous parents to be segregated in order to receive B.C.G. vaccination.

(iii) To the extent that is necessary, unmarried mothers and their babies are cared for by the St. Albans Diocesan Council for Moral Welfare which undertakes voluntary work in the County. There is an outdoor welfare service covering the whole County and in addition the Diocesan Council provides and maintains two Homes, one in Bedford and one in Luton. The Local Health Authority make substantial grants towards the costs incurred in providing these services. They also make payments in respect of Bedfordshire cases admitted to homes outside the County.

(iv) The arrangements whereby voluntary association workers co-operate with the health visitors in the care of illegitimate children were continued.

(v) There are three clinics in the County where advice on birth control is given to women in whose cases pregnancy or further pregnancy would be detrimental to health. The Clinics are at Bedford, Dunstable and Luton. The numbers of patients who attended during 1952 were:—

Bedford, Barford Avenue ... ..	174
Dunstable, Kingsway ... ..	124
Luton, Beechwood Health Centre ...	618
	<hr/>
Total ...	916
	<hr/>

(vi) Day Nurseries are provided by the County Council in Bedford, Leighton Buzzard and Luton. Details are given in Table XVI. Nursery students are trained at three of the Nurseries, as indicated in the Table. During 1952, the Dunstable Day Nursery was closed as there was not sufficient demand to justify its continuance.

TABLE XVI—ACCOMMODATION AND AVERAGE DAILY ATTENDANCE AT THE DAY NURSERIES IN 1952

Address of Nursery	No. of approved places		No. of Children on the register at the end of the year		Average daily attendance during the year	
	Years 0-2	Years 2-5	Years 0-2	Years 2-5	Years 0-2	Years 2-5
BEDFORD— 34, St. John's Street	42	26	23	41	21	40
DUNSTABLE— Douglas Crescent†	30	—	—	—	12	—
LEIGHTON BUZZARD— Bassett Road* ...	15	35	8	28	12	31
LUTON— Alder Crescent* ...	30	45	13	44	13	37
Manor Road ...	16	34	7	42	5	34
Stopsley* ...	16	24	9	30	11	24

\* Training Nursery.

† Closed 1.10.1952.

## SECTION 23—MIDWIVES SERVICE

At the 31st December, 1952, 16 midwives and 38 nurse-midwives were employed by the County Council. All are qualified to administer gas and air analgesia and 52 sets of apparatus were in use at the end of the year. In the urban areas most midwives practise midwifery only, but in the rural areas they undertake home nursing as well. Non-medical supervision of midwives is carried out by the Chief Nursing Officer and her two deputies. Supervision of the six domiciliary midwives not employed by the Local Health Authority and the 11 midwives in Nursing Homes is undertaken in accordance with the rules of the Central Midwives' Board.

Of the 934 women the Authority's domiciliary midwives attended whilst acting as midwives in 1952, 696 received gas and air analgesia. In the cases they attended as maternity nurses, 521 women out of a total of 788 received gas and air. Pethidine was administered by the midwives in 332 cases whilst acting as midwives and in 248 cases when acting as maternity nurses.

Midwives' ante-natal clinics are held fortnightly in Luton at a central clinic, and there are arrangements for patients to be seen by a medical officer, and if necessary, referred to the consultant obstetrician at the local maternity hospital. In addition, the Luton midwives conduct five relaxation exercise classes a fortnight. No other midwives' clinics



are held in the County, ante-natal supervision by the midwife being carried out in the patient's home in accordance with the rules of the Central Midwives' Board. In every case, however, the patient is seen at least once by one of the Authority's medical officers.

Patients who enter hospital on social grounds do so either because they have been found to need such accommodation when, as expectant mothers, they have come under the care of the Local Health Authority, or because they have made direct application for admission to hospital and the hospital authority has then requested the Local Health Authority to investigate the social circumstances and make a recommendation.

Arrangements are made, so far as is practicable, for midwives to attend refresher courses. The courses attended have been of several types. Thus, so far 20 midwives have attended the Summer Schools of the Royal College of Midwives, 27 have taken gas-air training, and 12 a course in the care of premature infants. Six midwives have attended other courses. These courses have been supplemented by Study Days which are held from time to time and, in addition, by occasional demonstrations of midwifery and maternity nursing technique given by the Chief Nursing Officer at Headquarters.

The Luton Maternity Hospital is a recognised school for Part II training, and an average of 27 pupil midwives each year undertake three months' district training in Luton. There is accommodation for pupils at a hostel maintained by the Local Health Authority.

Table XVII gives details of the maternity work carried out in the County during 1952. 71 of the institutional cases came under the care of the domiciliary midwives after discharge. 38 per cent of the maternity cases in 1952 were domiciliary, while in 1951 and 1950 the percentages were 40 and 39 respectively.

TABLE XVII—NUMBER OF MATERNITY CASES IN THE COUNTY ATTENDED BY MIDWIVES AS MIDWIVES OR MATERNITY NURSES DURING 1952, SUBDIVIDED INTO DOMICILIARY AND INSTITUTIONAL CASES

	Domiciliary Cases		Cases in Institutions		Total	
	As Midwives	As Maternity Nurses	As Midwives	As Maternity Nurses	As Midwives	As Maternity Nurses
Midwives employed by County Council ... ..	934	788	—	—	934	788
Midwives employed by Hospital Management Committees ...	—	—	2,189	268	2,189	268
Midwives in Private Practice ...	—	2	6	361	6	363
TOTALS ...	934	790	2,195	629	3,129	1,419



## SECTION 24—HEALTH VISITING

29 qualified Health Visitors were employed at the 31st December, 1952. In addition, in Luton it has been found necessary to make some use of nurses not trained as Health Visitors. Gradually, the scope of the Health Visitors' duties is being extended, but their numbers are insufficient to enable them to play their full part. The role of the Health Visitor *vis-a-vis* the general medical practitioner is not yet in all parts of the County fully developed. It has been pointed out, however, that the Health Visitor is the person the family doctor can call in to assist a family, when help other than nursing care is required.

The Local Health Authority have a scheme for the training of student health visitors, including members of the staff who wish to become qualified as Health Visitors. Since 1948, eight nurses have received training. Candidates give an undertaking that after training they will remain in the service of the Local Health Authority for at least two years.

Health Visitors are sent to suitable refresher courses, e.g., those provided by the Women Public Health Officers Association and the Royal College of Nursing. So far, 15 Health Visitors and one Tuberculosis Visitor have attended. There are also occasional Study Days arranged within the County.

Particulars of the visits paid by the Council's Health Visitors during the year are given below:—

			<i>First Visits</i>	<i>Total Visits</i>
Expectant mothers	...	...	972	1,514
Children under 1 year	...	...	4,597	26,950
Children between 1 and 5	...	...	133	39,380
Other cases	...	...	...	2,758

## SECTION 25—HOME NURSING

The County Council make direct provision of a Home Nursing service. In addition to the 38 nurse-midwives already mentioned, 23 full-time and one part-time home nurses were employed at the 31st December, 1952. The number of patients attended by the nurses during the year is shown below, together with the number of visits paid.

<i>Type of Case</i>		<i>No. of Cases</i>	<i>No. of Visits</i>
Acute Medical	... ..	2,949	32,926
Chronic Medical	... ..	1,944	66,608
Surgical	... ..	1,488	26,772
Infectious Disease*	... ..	7	53
Miscellaneous (including observations)	... ..	2,175	6,629
TOTALS	... ..	8,563	132,988

\* Excluding tuberculosis

Nurses deal with any emergency to which they may be called but the general practice is for them to place on their lists only patients referred to them by the general medical practitioners under whose directions they work. Patients on discharge from hospital are referred to their own doctors, from whom the nurses take instructions. Occasionally, however, it is necessary for reference to be made both to doctor and to nurse. Message forms are left at the patient's home to facilitate interchange of information between doctor and nurse. This scheme works well. No night service is provided, but the nurses are available for night calls if required urgently.

The Home Nursing service, as it is being developed, results in a considerable saving of hospital beds. For example, Out-Patients are prepared for X-ray examination, etc., by home nurses.

The Authority undertake financial responsibility for the training of district nurses. So far, four have been sent for training. As in the case of the Health Visitors, an undertaking is given to serve this Authority for at least two years.

## SECTION 26—VACCINATION AND IMMUNISATION

### Vaccination

Parents are encouraged to have their children vaccinated either by the family doctor or, if more convenient, at an Infant Welfare Centre. The importance of the matter is brought before parents by means of posters in Infant Welfare Centres and by Health Visitors. The Divisional Committee in Luton also send out a letter on the subject to every mother when her child is three months old. Table XVIII shows the number of persons vaccinated for the first time during 1952 in each of the Divisions. These figures include cases vaccinated by general practitioners. There were 484 people re-vaccinated during the year.

TABLE XVIII—NUMBER OF PERSONS VACCINATED IN EACH DIVISION FOR THE FIRST TIME DURING 1952, SUBDIVIDED ACCORDING TO AGE

Age at date of vaccination	DIVISION				Totals
	Northern	Southern	Eastern	Luton	
Under 1 year ...	414	64	79	339	896
1-4 years ...	57	96	21	45	219
5-14 years ...	25	24	3	40	92
Over 14 years ...	73	40	17	173	303
TOTALS ...	569	224	120	597	1,510



### Immunisation

The arrangements for immunisation against diphtheria, which have proved so successful in the past, were continued. As in the case of vaccination, all medical practitioners have been given an opportunity of taking part in this service. Parents wishing to have children under school age immunised may also make application for immunisation to one of the Infant Welfare Centres. A card or letter recommending diphtheria immunisation and with an acceptance form attached is sent to all parents when the children attain the age of nine months. Immunisation of school-children is arranged through the schools.

A first "boosting injection" is usually given on the entrance of a child to school, but exceptionally it is given just before entry. A second "boosting injection" is given between the eighth and ninth birthday, and the third between the 12th and 13th birthdays.

Table XIX shows the number of children treated during 1952 and Table XX gives details of the children in the County who are known to have been immunised any time before the 31st December, 1952. The figures in the latter table are an understatement of the true position as they take no account of children who may have been immunised by family doctors before the 5th July, 1948, and concerning whom no reliable statistics are available. However, on the basis of these figures, 70·7 per cent of the children under 15 years of age in the County had been immunised at the end of 1952, compared with 69·1 per cent at the end of 1951.

TABLE XIX—NUMBER OF CHILDREN WHO RECEIVED A FULL COURSE OF PRIMARY DIPHTHERIA IMMUNISATION IN 1952, SUBDIVIDED ACCORDING TO AGE AT DATE OF FINAL INJECTION, TOGETHER WITH NUMBER OF CHILDREN IN VARIOUS AGE GROUPS WHO RECEIVED "BOOSTER" INJECTIONS

	AGE							Total
	0—	1—	2—	3—	4—	5—9	10—14	
Primary Immunisation	2,009	1,263	188	96	99	563	102	4,320
"Booster" Injections ...	—	—	4	7	279	3,858	1,052	5,200



TABLE XX—NUMBER OF CHILDREN IN THE FOUR DIVISIONS KNOWN TO HAVE COMPLETED A FULL COURSE OF IMMUNISATION BY 31ST DECEMBER, 1952, SUBDIVIDED ACCORDING TO THE AGE AT THAT DATE

Age at 31.12.52	DIVISION				Totals
	Northern	Southern	Eastern	Luton	
Under 1 year ...	82	83	133	769	1,067
1 year ... ..	992	566	293	1,032	2,883
2 years ... ..	1,136	570	346	1,403	3,455
3 years ... ..	1,226	676	341	1,907	4,150
4 years ... ..	1,232	619	416	864	3,131
Total under 5 years ...	4,668	2,514	1,529	5,975	14,686
5-9 years ... ..	6,344	2,705	2,451	6,726	18,226
10-14 years ... ..	7,302	2,102	1,386	5,375	16,165
Total under 15 years	18,314	7,321	5,366	18,076	49,077

No arrangements have yet been made for immunisation against whooping cough.

## SECTION 27—AMBULANCE SERVICE

The Ambulance Service covers completely the whole of the Administrative County with the exception of a small area on the Buckinghamshire border and one on the Northamptonshire border. In these areas, agency agreements are in existence with the Buckinghamshire County Council and the Rushden and District Motor Ambulance Association respectively. The Authority's Service receives a considerable re-inforcement from the Hospital Car Service and from the attendance of voluntary personnel of the St. John Ambulance Brigade and the British Red Cross Society at the Depots. During the year, the Hospital Car Service did 105,990 miles in carrying out 1,755 journeys for the Authority. Car Hire Services were employed to convey patients to and from the Chest Clinic in Bedford, and 30,943 miles were travelled on 893 journeys.

At the 31st December, 1952, the total ambulance personnel directly employed numbered 71. It comprised one Superintendent, one Maintenance Officer, five Station Officers, and 64 Driver-Attendants.

Table XXI sets out the work done by the five Ambulance Depots during 1952. The total mileage shown includes 6,988 miles travelled on behalf of other authorities. In addition to the mileage covered by the Council's vehicles, the following mileages were recorded by other Ambulance Services acting on the Council's behalf:—

Buckinghamshire County Council	...	...	35,523 miles
Rushden & District Motor Ambulance Association	6,363	„	
Other Authorities	...	...	13,530 „

TABLE XXI—DETAILS OF WORK DONE BY THE COUNTY  
AMBULANCE DEPOTS, 1952

Depot	Class of Vehicle	County Journeys	Out of County Journeys	Total No. of Journeys	Total Number of Miles Travelled
Bedford ...	Ambulances ...	2,876	341	3,217	97,235
	Sitting-case Cars	1,800	330	2,130	93,699
					190,934
Biggleswade	Ambulances ...	893	499	1,392	46,679
	Sitting-case Cars	842	548	1,390	55,315
					101,994
Amphill ...	Ambulances ...	1,023	100	1,123	39,872
	Sitting-case Cars	1,222	115	1,337	49,596
					89,468
Dunstable ...	Ambulances ...	2,206	193	2,399	52,345
	Sitting-case Cars	1,285	87	1,372	30,015
					82,360
Luton ...	Ambulances ...	7,240	266	7,506	85,908
	Sitting-case Cars	446	347	793	39,880
					125,788
	Totals ...	19,833	2,826	22,659	590,544

Table XXII shows the total mileages for the years 1949–1952 inclusive. It will be seen that there has been a yearly decline in the total number of miles travelled, and that the figure for 1952 is substantially below that for 1949. The main decrease has taken place in the Hospital Car Service. The mileage done by the Authority's own depots increased appreciably last year but was still less than that done in 1949.



TABLE XXII—MILES TRAVELLED IN PROVIDING AMBULANCE SERVICE  
FOR BEDFORDSHIRE, 1949-52

Work done by	1949	1950	1951	1952
County Council Depots* ...	617,619	572,778	568,179	583,556
Hospital Car Service ... ..	147,555	189,138	161,387	105,990
Car Hire Service ... ..	36,246	28,874	24,722	30,943
Bucks. C.C. (Linslade Depot)	45,020	38,095	35,628	35,523
Rushden Ambulance ... ..	5,837	5,051	5,005	6,363
Other Authorities ... ..	5,375	13,177	9,440	13,530
TOTALS ...	857,652	847,113	804,361	775,905

\*Excluding mileage travelled on behalf of other authorities.

Experience in Bedfordshire seems to indicate that an essential step in the administration of the service is to acquaint all concerned with its true purpose. This was achieved by meetings with hospital officers and general medical practitioners, by the provision of printed notices for consulting rooms, and by Press reports of meetings at which the service had been discussed.

The National Health Service Act, 1946, Section 27, lays a duty on Local Health Authorities to provide ambulance transport "where necessary". No power is given to provide transport except "where necessary" and it would appear to be the case, therefore, that each Local Health Authority must satisfy themselves that transport requested is "necessary". In this connection, experience has shown that it is profitable to insist that the request for transport comes from a medical man. A request for transport is made to the Station Officer of the appropriate Ambulance Depot. Requests for "Out-County" journeys are referred to Headquarters so that the most economical arrangements can be made and so that any new development may be observed by a senior medical officer. Requests for "In-County" journeys are dealt with by the Station Officers without reference to Headquarters, unless there appears to be something unusual about them.

Another step which may have been of some significance was the making of an agreement with the general medical practitioners that while their patients are under hospital treatment as out-patients, all requests for transport shall be made by the hospital concerned.

During 1952 Radio-Telephony was installed experimentally in the south of the County. It proved so successful that it is being retained as a permanent feature, and the experiment is being repeated in the north of the County.



The service in Bedford and Luton has been unsatisfactorily housed from the inception of the scheme. There is now hope that within a comparatively short time new Depots will be provided.

## **SECTION 28—PREVENTION OF ILLNESS, CARE AND AFTER-CARE**

The Local Health Authority have a scheme for the provision of such convalescent facilities as lie outside the scope of the Regional Hospital Board. During 1952, six people were sent away under this scheme.

There is in Luton a non-profit making company limited by guarantee—Ludun Ltd.—which has for its object the employment of severely disabled people, thus helping them through gainful occupation to restore confidence in themselves. To assist the Company in its work the Local Health Authority have made grants during the last two years.

### **(a) Tuberculosis**

The Authority's responsibility is in relation to prevention, care and after-care, treatment being provided by the Regional Hospital Board. The Senior Chest Physicians, who work at and from the Chest Clinics, are jointly employed by the Regional Hospital Board and the Local Health Authority. The establishment provides for six full-time Tuberculosis Visitors, two Almoners or Welfare Officers and an Occupational Therapist. Beds, bedding, shelters and nursing requisites are available for patients being nursed at home. These patients also receive domestic help if required and 52 patients were so assisted during the year. Extra nourishment was provided for 319 patients. Arrangements are made, where necessary, to provide boarding-out accommodation for the children of infectious persons and this was done on two occasions during the year. In addition, arrangements exist with settlements for the reception of suitable patients. At the end of the year there were six patients in Papworth Village Settlement and one patient at Preston Hall. When these patients are able to work at least five hours a day the County Council accept financial responsibility for their maintenance.

During the year B.C.G. vaccination increased. The Authority have a scheme whereby new-born babies of tuberculous parents are segregated prior to being vaccinated. During 1952, 248 individuals were vaccinated, of whom 217 were contacts and 31 were members of the nursing staffs.

### **(b) Other Types of Illness**

For the care and after-care of the non-tuberculous sick, the Authority provide nursing equipment and apparatus required by patients being nursed at home. As already stated, this is done indirectly through the British Red Cross Society and the St. John Ambulance Brigade who, between them, operate 21 Medical Comforts Depots in the County. As with the tuberculous, occupational therapy and domestic help are available.

### (c) Occupational Therapy

The Authority's Occupational Therapist is concerned with chronic and long-term cases—i.e., patients who will be incapacitated for at least twelve months. These patients are referred by hospitals and by general practitioners. At the 31st December, 1952, there were 127 patients on the list. Although the tuberculous comprise the largest single group, there were other conditions in which occupational therapy was felt to be of value. Thus,

					<i>No. of Patients</i>
Tuberculosis	...	...	...	...	64
Diseases of Central Nervous System	...			...	19
Arthritis	...	...	...	...	9
Chest diseases	...	...	...	...	3
Heart diseases	...	...	...	...	12
Cancer	...	...	...	...	1
Mental illness and mental deficiency	...			...	13
Miscellaneous	...	...	...	...	6
TOTAL				...	127

There is a wide range of crafts available, comprising:—

Leatherwork	Woodwork	Pewter work
Embroidery	Basketry	Perspex work
Tatting	Lino-cutting	Stool seating
Toymaking	Glove making	Slipper making
Knitting	Weaving	Stick printing
Lampshade making	Netting	Brush making
Rug making	Cord knotting	

Books are lent to those undertaking instruction in order that the practical instruction may be supplemented by reading. This helps to prevent a patient getting into difficulties between visits. The number of visits varies from one or two a week to once in one or two months. The Local Health Authority provide the preliminary materials required by new patients. Thereafter, either materials are bought or the finished work is handed to the Occupational Therapist for sale.

### (d) Health Education

Health Education was carried on continuously during the year in one form or another. Most of this work is of a routine nature and unspectacular. Thus the health visitors in their everyday work are giving health instruction to the people with whom they come into contact. This is true also of the nurses and midwives. Outside Luton, the County Health Education Officer conducted his activities with Parent Teacher Associations, Women's



Organisations, Youth Clubs and similar groups, and gave 44 film shows during the year. No special action was taken during the year in regard to accidents in the home, although the film "Playing with Fire" was shown on a number of occasions, and whenever the opportunity arose the Health Education Officer gave a short talk on the subject. All the leaflets and posters used in the County are obtained either from the Central Council for Health Education or from the Dental Board of the United Kingdom. There is no specially prepared local material.

In Luton, health education is undertaken by the Borough Health Committee, but the Local Health Authority contribute 50 per cent of the expenditure incurred. An average of 50 lectures and talks are given each year on subjects such as food hygiene, infant and child care, diphtheria immunisation, health services, home safety, etc. A film strip projector and a 16 mm. sound film projector are used to supplement the lectures. In addition, slides on health subjects have also been shown at the local cinemas and poster displays are exhibited in the Central Health Department and the Infant Welfare Clinics.

## SECTION 29—DOMESTIC HELP SERVICE

Home Helps are provided for households where assistance is needed because of illness, confinement, old age, etc. The amount of help given varies according to the needs of the individual assisted. Thus in some cases whole-time assistance is given, while in others one or two hours a day are all that is necessary. The Local Health Authority have fixed the total number of hours of assistance to be given during a year and, so far, this has proved to be adequate. At the end of the year 32 full-time and 156 part-time Home Helps were employed. 277 maternity patients, 52 tuberculous and 1,169 others were assisted.

The number of hours of assistance provided during the year was:—

Maternity cases	...	...	...	15,902 $\frac{1}{4}$
Other cases	...	...	...	179,049 $\frac{3}{4}$
				<hr/>
TOTAL	...			194,952
				<hr/>

Two courses for Home Helps have been held in Luton, each occupying five half-days. Lectures were given by the Divisional Medical Officer, the Physician in charge of the Chest Clinic, a domiciliary midwife, a district nurse, the Superintendent Health Visitor, the Specialist Inspector for Food Hygiene, the School Meals Organiser and the Health Education Officer.

An additional service is provided on a small scale in the Bedford area in the form of a "Sitters-Up" Scheme. The charge is 7s. 6d. per night and this is the amount paid to the sitter-up. Applications must be supported by a doctor's certificate. During 1952, three households were assisted in this way.



## SECTION 51—MENTAL HEALTH SERVICE

### Administration

A Mental Health Sub-Committee is responsible to the Health Committee for the organisation and conduct of the Authority's mental health and mental deficiency services. There are 16 members, of whom 14 are members of the County Council and two are individuals with special knowledge of and interest in mental health. The Sub-Committee includes in its number persons who are members of the Regional Hospital Board, Hospital Management Committees, Local Executive Council, and Local Medical Committee.

Meetings are held quarterly, and more frequently if necessary. Sub-Committees are appointed from time to time to deal with special matters, such as staffing appointments and the inspection of proposed new premises, and these sub-committees meet as required. In addition, the two Occupation Centres are visited monthly by two members of the Sub-Committee.

The staff consists of:—

The County Medical Officer of Health.

The Deputy County Medical Officer of Health.

1 Senior Mental Health Worker—female—who is a qualified Psychiatric Social Worker.

4 Mental Health Workers—1 female, 3 males.

(All 5 mental health workers are Duly Authorised Officers.)

2 Occupation Centre Supervisors (trained).

2 Assistant Occupation Centre Supervisors (1 trained, 1 untrained).

2 Cooks (part-time).

2 Caretakers (part-time).

3 Clerical Assistants.

In addition, Assistant Medical Officers take part in the ascertainment of mental defectives.

Co-ordination with the Regional Hospital Board and with Hospital Management Committees is largely achieved by the actual membership of the bodies. Much is done, of course, at officer level, and although there is no joint use of officers in the sense that financial arrangements to that end have been made, there is in practice a considerable amount of such use.

The after-care of patients discharged from Mental Hospitals is carried out mainly by Psychiatric Social Workers attached to the hospitals, but some patients are referred to the Council's Service. Supervision of mental hospital patients on trial is not carried out by this Authority's workers, but supervision of defectives on licence is, and reports are made on home circumstances for the information of the Visitors in accordance with Section 11 of the Mental Deficiency Act, 1913.

The Authority have not found it necessary or desirable to delegate any of their duties to Voluntary Associations, but use is made of convalescent facilities provided by the Mental After-Care Association, and of holiday homes supervised by the National Association for Mental Health.

The Authority have been particularly concerned with the training of Mental Health Workers. Thus, in 1948-49, all four mental health workers underwent a two months' course on mental health arranged by the National Association for Mental Health. During 1949-50, the Senior Mental Health Worker was granted leave of absence with pay in order that she might study for the Psychiatric Social Worker Diploma at Edinburgh University. She was successful in the examination. Towards the end of 1952, leave of absence with pay and allowances was granted to one of the male Mental Health Workers to undertake the course in Psychiatric Social Work at Edinburgh University and it is hoped that in the next few years it may be possible to do the same with the other Mental Health Workers.

When the Authority were appointing staff for the two Occupation Centres in 1947 considerable difficulty was experienced in finding suitable applicants. They therefore decided to appoint a student and to send her for training to the Course arranged by the National Association for Mental Health. During 1950-51 the Authority granted leave of absence with pay to an untrained Supervisor of an Occupation Centre in order that she might take a course of training. She was successful in the examination.

### **Mental Illness**

Some account has been given above of the work done in connection with after-care and the provision of convalescent and holiday home facilities. With regard to the rest, work is mainly with adults, who are referred by General Practitioners, Hospital Almoners, Probation Officers, the Welfare Department and Health Visitors.

The majority of cases were referred, as might be expected, by general practitioners (112 males, 147 females). In all, 111 general practitioners used the service during 1952. The largest number referred by any one doctor was 11, one referred 10, 24 referred from four to seven, whilst 45 only referred one patient each.

Since there are approximately 150 general practitioners in practice in the County it will be seen that about two-thirds of them have made use of the Local Authority service. There is, however, a great variation in the amount of use made of it by different doctors.

Relatives asked for guidance in regard to 16 males and 33 females. Often the problems were social rather than medical, though sometimes the caller had to be urged to consult the family doctor without further delay.

The Police called for assistance for 43 males and 16 females. Some of these were travellers or persons of no fixed abode, others were in lodgings or the subject of complaints from neighbours. Amongst the 79 cases referred from Hospitals were those who became mentally ill whilst in a general hospital, and also attempted suicides taken to casualty departments. Various social agencies such as the National Assistance Board, Welfare Department and Probation Service have also referred cases.

Most individuals referred suffer from senile dementia, inability to earn a living or manage a home, or some form of anti-social behaviour. A very close co-operation is maintained with the Welfare Department in



dealing with individual problems of senility. Sometimes a simple piece of social work eases a patient's anxiety and makes life tolerable for him. At other times, the problem is more difficult to resolve and arrangements are made for the patient to be seen by a Psychiatrist at one of the Out-Patient Clinics. Children are mostly referred to the Council's Child Guidance Clinics.

Each Mental Health Worker is also a Duly Authorised Officer, but it is only after all possible steps have been taken that action in the latter capacity is taken. The figures given below show the action taken by the five Duly Authorised Officers in respect of cases referred during 1952:—

				<i>Males</i>	<i>Females</i>
Section 20 or 21 Lunacy Act	...			17	27
Urgency Orders	...	...	...	11	23
Certification upon Petition	...			1	—
Certification (Summary Reception Orders)	...	...	...	50	54
Temporary	...	...	...	2	7
Other action	...	...	...	54	82

In addition, arrangements were made for 143 persons (67 males and 76 females) to be admitted to hospital as voluntary patients and 72 persons (29 males and 43 females) were afforded community care.

### **Mental Deficiency**

The majority of mentally defective children who are ascertained are reported to the Local Health Authority by the Local Education Authority under Section 57 of the Education Act, following examination by one of the School Medical Officers. They are subsequently re-examined by the Deputy County Medical Officer of Health, who reports on the cases to the Mental Health Sub-Committee, making a recommendation as to the category in which the child shall be placed and whether he shall receive supervision, or be placed under guardianship or in an institution. Infants and adult defectives are still, from time to time, brought to the notice of the Local Health Authority by relatives or general practitioners, who ask for some action to be taken. During the year, 35 males and 32 females were reported as mental defectives. Of these, 27 were under sixteen years of age.

At the end of the year there were in the community 313 mental defectives, the total being made up as follows:—

				<i>Males</i>	<i>Females</i>
Under Guardianship	...	...		19	14
Under Supervision—					
Statutory	...	...	...	127	77
Voluntary	...	...	...	30	33
On licence	...	...	...	6	7
TOTALS	...			182	131



Of the above, 54 defectives (32 males and 22 females) were awaiting vacancies in institutions, and of these 12 males and five females were urgently in need of accommodation. Of the 33 defectives under guardianship, 22 were in the care of relatives and 11 were under the guardianship of non-relatives.

The Mental Health Workers are also paying friendly visits to 16 males and 17 females who had not at the end of the year been confirmed as defectives.

### **Occupation and Training for Defectives**

The Authority provide two Occupation Centres. The South Bedfordshire Centre at Dunstable serves the Luton and Dunstable area, and at the end of the year 28 children were in attendance. The North Bedfordshire Centre at Turvey serves Bedford and the north of the County. At the end of the year there were 19 children in attendance.

Each Centre is staffed by a qualified Supervisor, an assistant supervisor and a cook. The children are conveyed to the Centres by buses and remain for a mid-day meal. The usual Centre subjects are taught. A limited amount of Home Training is given by the Authority's Occupational Therapist.

In addition, three of the female defectives who are under the guardianship of nominees of the Guardianship Society, Brighton, attend that Society's Occupation Centre.

### **NURSING HOMES**

Under the Public Health Act, 1936, the County Council are the responsible authority for the registration and supervision of Nursing Homes. Their powers and duties are, however, delegated to the Luton Borough Council in respect of premises in that Borough. In the remainder of the County there were, at the 31st December, 1952, eight Homes registered, two registrations having been relinquished voluntarily during the year. These provided accommodation for 23 maternity and 68 other cases. 32 inspections were carried out and the Homes were found to be satisfactory.

### **SECTION III**

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## **PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES**

## NOTIFIABLE DISEASES

3,719 confirmed cases of infectious and other notifiable diseases were notified to the District Medical Officers of Health during 1952. Details are set out in Table XXIII. The information has been extracted from the Quarterly Returns submitted by the District Medical Officers. The corresponding figure for 1951 was 4,019.

TABLE XXIII—NUMBER OF CASES OF INFECTIOUS DISEASE NOTIFIED AND CONFIRMED DURING 1952, IN THE SANITARY DISTRICTS OF BEDFORDSHIRE

	Amphill		Bedford		Biggleswade		Dunstable Borough	Kempston Urban	Leighton Buzzard Urban	Luton		Sandy Urban	TOTALS
	Urban	Rural	Borough	Rural	Urban	Rural				Borough	Rural		
Typhoid Fever ...	—	—	—	—	—	—	—	—	—	1	—	—	11
Meningococcal Infection	—	—	2	—	—	2	1	—	—	3	—	—	88
Scarlet Fever ...	3	14	85	21	3	6	7	1	12	127	6	1	286
Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Para-typhoid Fever ...	—	—	—	—	—	—	1	—	—	11	5	—	177
Pneumonia (Acute) ...	—	4	50	29	2	9	6	4	14	22	2	4	146
Poliomyelitis—													
Paralytic ...	1	—	3	—	—	—	1	1	2	4	—	—	12
Non-paralytic ...	1	—	4	—	—	1	—	—	1	—	—	—	7
Polioencephalitis—													
Paralytic ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Non-paralytic ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ...	—	2	3	1	—	12	5	—	9	14	1	1	48
Erysipelas ...	—	—	5	5	1	2	—	3	2	8	—	—	26
Whooping Cough ...	2	82	68	32	35	22	50	5	49	454	28	15	842
Measles ...	6	166	84	122	134	62	114	6	41	1,038	173	174	2,120
Ophthalmia Neonatorum	—	1	1	4	—	—	—	—	—	19	—	—	25
Puerperal Pyrexia ...	—	1	40	2	—	—	—	—	—	80	—	—	123
Food Poisoning ...	—	4	2	8	—	—	2	—	1	10	2	—	29
Infective Hepatitis (including Jaundice) ...	—	—	16	1	—	3	4	1	—	3	1	—	29
TOTALS ...	13	274	363	225	175	119	191	21	131	1,794	218	195	3,719

## Scarlet Fever

There was a small increase in scarlet fever in 1952, 286 cases being confirmed, compared with 209 in 1951. Nearly half the cases occurred in Luton Borough.



## Diphtheria

In 1900, 185 cases of diphtheria occurred in Bedfordshire, of which 23 died. In the following year, out of 241 cases, 43 died. During the next forty years, improved sanitation, better methods and facilities for treatment, and a readiness to accept hospital treatment, helped to reduce the ravages of diphtheria. Although the number of cases did not show much reduction, the number of fatalities did. Thus in 1940, there were 175 cases and 12 deaths, but it must be remembered that the population had increased considerably since the beginning of the century. This was steady but unspectacular progress.

Since 1940, there has been a revolutionary change. Diphtheria Immunisation, which had already been used for quite a time in some districts was introduced on a national scale and by 1942 it was being used all over the country. In Bedfordshire the results have been startling. The number of cases dropped to fifteen in 1947, nine in 1948, one in each of the years 1949, 1950 and 1951 and finally, in 1952, there was not a single confirmed case. Moreover, not one of the cases in the County in the last six years has been fatal.

It will be seen in Section I of this Report that one death from diphtheria is recorded. This was of a woman of twenty-four who died of long-standing heart disease caused by an attack of diphtheria when she was a young child.

## Poliomyelitis and Polioencephalitis

19 cases of poliomyelitis were confirmed in Bedfordshire in 1952 compared with 7 in the previous year. Of these, 12 were of a paralytic nature. There was one death. No cases of polioencephalitis were reported.

## Dysentery

From the low figure of 18 cases in 1947, the incidence of dysentery increased until in 1951 there were 98 cases. Last year, the figure dropped to 48. It is very probable that there were other cases of a character so mild that a doctor was not consulted. *Sh. Sonnei* appears to be the most common causal organism.

## Whooping Cough

842 cases of whooping cough were notified in 1952 compared with 1,113 in 1951. The figures give no reliable indication of the actual number of cases that occurred. There are, undoubtedly, very many cases to which a doctor is not called and which, therefore, are not notified. It should be pointed out that the disease is by no means trivial and that it is not unusual for it to be followed by disabling after-effects. In fact, there were three deaths from the disease in 1952, all children under 5 years of age.

### Measles

In the past, it was usual to encounter an epidemic of measles every other year, the number of cases in the intervening years being comparatively small. Since 1947, however, the annual number of known cases has never dropped below two thousand. In 1952, the figure was 2,120 and there was one death.

This disease also should not be lightly regarded. There may, in fact, be serious sequelae.

### Puerperal Pyrexia

123 cases of puerperal pyrexia in 1952, following 54 cases in 1951, might at first sight suggest cause for alarm, particularly in view of the fact that the figures for the two years immediately preceding were 29 and 24. The explanation is that the Puerperal Pyrexia Regulations, 1951, changed the definition of the disease so that now any rise of temperature to 100·4°F. is notified.

### Infective Hepatitis

In order to facilitate the work of a committee appointed by the Medical Research Council, "jaundice" was made compulsorily notifiable in the region roughly comprising East Anglia, and including Bedfordshire, in November 1943. The number of cases reported annually since then in the County is given in Table XXIV, together with the figures for Bedford and Luton Boroughs.

TABLE XXIV—NUMBER OF CASES OF "JAUNDICE" IN BEDFORD AND LUTON BOROUGHES AND WHOLE COUNTY, 1944-52

Year	County	Bedford	Luton
1944	131	52	48
1945	108	14	71
1946	29	7	20
1947	34	8	12
1948	47	8	27
1949	69	29	12
1950	146	102	6
1951	65	32	4
1952	29	16	3

### TUBERCULOSIS

During 1952, there were 381 new cases of pulmonary tuberculosis and 46 of non-pulmonary tuberculosis notified. In addition, 57 pulmonary and seven non-pulmonary cases came to notice otherwise than by notification, e.g., by Death Returns and Inward Transfers. Tables XXV and XXVI give details of these cases and the corresponding figures for the four previous years.



TABLE XXV—NUMBER OF NEW CASES OF PULMONARY AND NON-PULMONARY TUBERCULOSIS NOTIFIED 1948–52, SUBDIVIDED ACCORDING TO SEX

	Pulmonary			Non-Pulmonary		
	M.	F.	Total	M.	F.	Total
1948	180	173	353	28	20	48
1949	203	147	350	21	28	49
1950	256	137	393	25	25	50
1951	188	123	311	29	47	76
1952	213	168	381	14	32	46

TABLE XXVI—NUMBER OF CASES OF PULMONARY AND NON-PULMONARY TUBERCULOSIS WHICH CAME TO NOTICE OTHERWISE THAN BY NOTIFICATION 1948–52, SUBDIVIDED ACCORDING TO SEX

	Pulmonary			Non-Pulmonary		
	M.	F.	Total	M.	F.	Total
1948	30	28	58	—	3	3
1949	19	27	46	5	9	14
1950	28	16	44	3	1	4
1951	27	22	49	2	4	6
1952	36	21	57	4	3	7

At the 31st December, 1952, there were 2,221 cases of pulmonary and 305 cases of non-pulmonary tuberculosis on the Chest Clinic Registers. Table XXVII shows these cases divided into men, women and children.

TABLE XXVII—NUMBER OF MEN, WOMEN AND CHILDREN ON THE CHEST CLINIC REGISTERS AT 31ST DECEMBER, 1952, SUBDIVIDED INTO PULMONARY AND NON-PULMONARY CASES

	Pulmonary			Non-Pulmonary			Totals		
	M.	W.	C.	M.	W.	C.	M.	W.	C.
Bedford ...	507	385	67	31	45	58	538	430	125
Luton ...	669	473	120	40	76	55	709	549	175
TOTALS ...	1,176	858	187	71	121	113	1,247	979	300

The number of attendances at the Chest Clinics during 1952 (including contacts) was 43,322, and 10,544 visits were paid to the homes of patients by the Tuberculosis Health Visitors. 968 home visits and examinations were made by the Chest Physicians.

### Mass Radiography

During 1952, the Mass Miniature Radiography Unit from St. Albans was active in Bedfordshire. Starting in Luton, it went on to Dunstable and Leighton Buzzard. Later in the year it was active in Bedford and district. Nearly 27,000 people were radiographed in the southern half of the County. 286 were referred to the Luton Chest Clinic and of these 89 were found to have active pulmonary tuberculosis and 12, malignant intra-thoracic growths. In the North of the County just over 16,000 were radiographed of whom 228 required further investigation. These investigations are not yet complete.

### VENEREAL DISEASES

The Regional Hospital Board are responsible for the diagnosis and treatment of venereal diseases. Clinics are held at Bedford General Hospital (South Wing) and Luton and Dunstable Hospital. Table XXVIII gives details of the numbers of patients who attended the two clinics during the year and the numbers who were removed from the registers for various reasons.

There is undoubtedly an increased awareness of the facilities available for the treatment of venereal diseases and a willingness to seek examination and advice. Thus, included under "Other Conditions" are those persons who attended the clinics after having exposed themselves to the risk of contracting venereal disease and who wished to satisfy themselves that they were not infected.



TABLE XXVIII—NUMBER OF PATIENTS ON REGISTERS OF V.D. CLINICS  
AT 31ST DECEMBER, 1952, TOGETHER WITH ADDITIONS AND REMOVALS  
THEREFROM DURING 1952

	Syphilis		Gonorrhoea		Other Conditions		Totals	
	M.	F.	M.	F.	M.	F.	M.	F.
No. of patients on register at 1st January, 1952 ... ..	78	90	36	19	51	30	165	139
No. of patients dealt with for first time during 1952 ...	30	33	61	24	229	176	320	233
No. of patients restored to register during 1952 ...	4	8	5	—	14	23	23	31
TOTAL A ...	112	131	102	43	294	229	508	403
No. of cases removed from register in 1952 as:—								
(a) cured or not confirmed	11	9	45	19	235	164	291	192
(b) defaulted ... ..	3	5	13	1	—	—	16	6
(c) died ... ..	3	1	—	—	1	—	4	1
(d) transferred for treatment elsewhere ...	8	12	11	8	4	1	23	21
TOTAL B ...	25	27	69	28	240	165	334	220
No. remaining on register at 31st December, 1952 (A-B)	87	104	33	15	54	64	174	183





## **SECTION IV**

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### **INSPECTION AND SUPERVISION OF FOOD**

## INSPECTION AND SUPERVISION OF FOOD

Under the Food and Drugs Act, 1938, the County Council, as Food and Drugs authority for the Administrative County less the Boroughs of Bedford and Luton, are responsible for enforcing those provisions designed to secure that food and drugs are sold only in a pure and genuine condition. The local sanitary authorities are responsible for enforcing all the other provisions of the Act.

### MILK

Samples of milk are taken in order to ensure that the consumer receives milk that has not been adulterated either by the extraction of fat or by the addition of water. With regard to fat content, it may be pointed out that the real deficiency may be much greater than that given. The law presumes adulteration only if the milk contains less than 3 per cent milk fat. Table XXIX shows that the average fat content of 383 unadulterated samples examined during the year was 3.60 per cent.

404 samples were taken whilst the milk was in course of delivery and of these, 31 were found to be abnormal. 19 appeal-to-cow samples were also taken, of which nine were unsatisfactory. Thus there were 40 abnormal samples in all. Three of these contained extraneous water and were also deficient in fat; one contained extraneous water, but the fat content did not fall below the level presumed to indicate adulteration; 36 were deficient in fat only. Appropriate action was taken in each case.

TABLE XXIX—MONTHLY AVERAGE FAT CONTENT OF ALL UNADULTERATED SAMPLES OF MILK TAKEN DURING 1952

Month			Number of Samples	Milk Fat Content per cent
January	...	...	59	3.87
February	...	...	30	3.74
March	...	...	20	3.74
April	...	...	29	3.50
May	...	...	25	3.32
June	...	...	25	3.34
July	...	...	45	3.48
August	...	...	26	3.56
September	...	...	21	3.62
October	...	...	48	3.58
November	...	...	34	3.62
December	...	...	21	3.70
TOTALS	...	...	383	3.60



## THE MILK (SPECIAL DESIGNATION) (PASTEURISED AND STERILISED MILK) REGULATIONS, 1949

Under the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949, the County Council, as a Food and Drugs Authority, are responsible for the licensing of pasteurising and sterilising plants. There was one application for a pasteurising licence during the year. On the 31st December, 1952, four pasteurising licences were in force. There were no applications received for licences in respect of sterilising plants.

### MILK IN SCHOOLS SCHEME

Under the Milk in Schools Scheme, 127 schools received heat-treated milk, 13 received Tuberculin-Tested milk and two received Accredited milk. In six instances, however, it was only possible to supply non-designated milk. At the end of the year, approximately 78·8 per cent of the children were taking milk in school.

### BACTERIOLOGICAL EXAMINATION OF MILK

During the year 312 samples of milk were taken from retailers supplying milk to the 148 maintained schools in the County (excluding Bedford and Luton). Samples were also taken from Hospital Farms and pasteurising and heat treating plants. Details of all samples submitted for bacteriological examination during the year are given in Table XXX.

TABLE XXX—NUMBER OF SAMPLES OF MILK SUBMITTED FOR BACTERIOLOGICAL EXAMINATION DURING 1952

Classification	Routine Samples			First Follow-up			Second Follow-up			Third Follow-up			Total No. of Samples Taken
	Sat.	Unsat.	Total	Sat.	Unsat.	Total	Sat.	Unsat.	Total	Sat.	Unsat.	Total	
Samples taken from Schools ...	234	45	279	17	10	27	3	3	6	—	—	—	312
Samples taken from Hospital Farms ...	27	3	30	2	—	2	—	—	—	—	—	—	32
Samples taken from Pasteurising and Heat Treating Plants ...	88	4	92	4	—	4	—	—	—	—	—	—	96
TOTALS ...	349	52	401	23	10	33	3	3	6	—	—	—	440

## BIOLOGICAL EXAMINATION OF MILK

During the year 509 samples of milk were tested by Guinea Pig inoculation and eight samples were found to contain Tubercle Bacilli. The facts were reported to the Divisional Veterinary Officer of the Ministry of Agriculture and Fisheries, who took appropriate action.

## ICE CREAM

During the year, 26 samples of ice cream were examined by the Public Health Laboratory Service. They were graded as follows:—

Grade 1	...	...	15
„ 2	...	...	8
„ 3	...	...	—
„ 4	...	...	3

Samples in Grades 1 and 2 are considered satisfactory. Samples falling into categories 3 and 4 are regarded as unsatisfactory. The three samples in these latter grades were further investigated either at the place of manufacture or at the premises from which the ice cream was sold. Faecal coli were not found in any of the samples.

20 samples of ice cream were purchased under the Food and Drugs Act, the fat content varying from 4·8 per cent to 17·9 per cent, averaging 10·2 per cent over the entire number of samples taken.

## SAMPLES OTHER THAN MILK

198 routine formal samples of food and drugs, other than milk, were taken during the year and none was reported to be adulterated or otherwise irregular. 25 routine informal samples were also taken of which six were adulterated. Formal samples were subsequently taken in these cases and two were found to be still unsatisfactory. In these cases, warning letters were sent.

## MERCHANDISE MARKS ACT

Routine visits were made to premises and samples were taken, six of which proved unsatisfactory. Proceedings were instituted in five cases and were successful in all but one. One warning letter was sent.